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ABSTRACT

This document is the fourth volume of a six-volume report on sexuality education. The curriculum described here is a revised and expanded version of the curriculum "Parent-Child Sex Education: A Training Module" (Brown, et al., 1978) and is based primarily on the experiences and evaluation of the Family Guidance Center's (FGC) work in St. Joseph, Missouri. The curriculum is designed for educators interested in replicating the FGC model. An introduction highlights important features of using the curriculum by describing the FGC approach to family sexuality education, the organization of the curriculum, important considerations for selecting the style of the course, and practical suggestions for implementing and evaluating courses using the curriculum. Suggested course outlines are provided for mothers/daughters aged 9-12, fathers/sons aged 9-12, mothers/adolescent daughters, and fathers/adolescent sons. The curriculum includes several units: (1) Introduction to Course; (2) Anatomy, Physiology, and Maturation; (3) Gender Roles; (4) Sexually Transmitted Diseases; (4) Reproduction; (5) Adolescent Sexuality; (6) Birth Control; (7) Parenting; and (8) Review. Each unit contains several activities, and, where appropriate, lecture notes and handouts. Lists of resources and a set of knowledge, attitude, and course evaluation questionnaires are appended. (NB)

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At the Family Guidance Center, numerous parents and their children completed questionnaires which enabled us to evaluate this program and provided many helpful suggestions at various times for improving the program. The program has also benefited from the continuing support of the administrators and staff of the Family Guidance Center.

At Mathtech, Ann Thompson Cook has spent many hours editing this volume. She has made it more clear, readable, and consistent. Both Pamela Wilson and Nancie Connolly provided numerous helpful suggestions. Karen Allan carefully typed the entire volume.

PREFACE

Background of This Project

During the late 1970's the federal government recognized the large number of unintended teenage pregnancies in America and sought solutions to this major problem. Recognizing that one potentially effective solution was sexuality education, the administration asked the Center for Health Promotion and Education (formerly the Bureau of Health Education) in the Centers for Disease Control to identify, improve, and evaluate promising approaches to sexuality education.

The current project followed an earlier 1978 contract that the Center for Health Promotion and Education had awarded to Mathtech to identify promising programs and to develop evaluation methods. In that project, Mathtech, with the help of many sexuality educators and other related professionals:

- identified and rated about 200 features and outcomes of programs potentially important to reducing pregnancy and increasing psychological health
- reviewed the literature on the effects of sex education programs
- identified 30 or 40 promising programs representing several different approaches
- developed questionnaires and other methods to more effectively measure the important outcomes of these promising programs
- summarized the work in a six-volume report entitled An Analysis of U. S. Sex Education Programs and Evaluation Methods.

In 1979 the Center awarded Mathtech a second contract to help improve and then evaluate 10 of the promising sexuality education programs. Mathtech selected 10 exemplary programs that represented a variety of different approaches to sexuality education: 6-hour programs, semester programs, conferences, programs for young people alone and for young people and their parents together, peer education programs, school and nonschool programs, through both educational and in-school clinic approaches. Mathtech:

- conducted an initial evaluation of each program and dropped and added a few programs
- suggested numerous changes which the sites incorporated
- offered training to the program staffs

- provided some materials and other kinds of support
- then carefully evaluated the programs.

The results of this contract are summarized in this report.

The Organization of This Report

The complete report contains several separate volumes and an Executive Summary which summarizes the first volume. Although all of the volumes are an integrated package which we hope will meet many varied needs of educators, evaluators, and policy makers, some of the volumes will have particular interest for selected groups of people, and each volume is complete and can be used independently of the others.

Sexuality Education: An Evaluation of Programs and Their Effects...An Executive Summary summarizes first the existing information on sexuality education in the United States and then the overall design, methods, and major findings of this evaluation.

The first volume, Sexuality Education: An Evaluation of Programs and Their Effects, summarizes the structure and content of sexuality education in the United States, reviews the literature on the effects of sexuality education, describes the evaluation methods, provides a description of and the evaluation data for each program, and summarizes the effectiveness of different approaches in meeting different goals.

The second volume, Sexuality Education: A Guide to Developing and Implementing Programs, provides suggestions for developing and implementing effective educational and clinic-based approaches to sexuality education. It discusses the reasons for and nature of responsible sexuality education and describes approaches to building a community-based program, selecting teachers and finding training, assessing needs of the target population, and designing and implementing programs for them. It also provides suggestions for evaluating programs.

The third volume, Sexuality Education: A Curriculum for Adolescents, is based upon the curricula of the most comprehensive programs. These programs increased knowledge and helped clarify values. The curriculum consists of the following units: Introduction to Sexuality, Communication Skills, Anatomy and Physiology, Values, Self Esteem, Decisionmaking, Adolescent Relationships, Adolescent Pregnancy and Parenting, Pregnancy Prevention, Sexually Transmitted Diseases, and Review and Evaluation. Each unit contains a statement of goals and objectives, an overview of the unit contents, several activities that address the goals and objectives, and wherever needed, lecture notes and handouts.

This fourth volume, Sexuality Education: A Curriculum for Parent/Child Programs, is based upon the parent/child program which increased knowledge and parent/child communication. The curriculum includes several suggested course outlines and the following units: Introduction to Course; Anatomy, Physiology, and Maturation; Gender Roles; Sexually Transmitted Diseases; Reproduction; Adolescent Sexuality; Birth Control; Parenting; and Review. Each unit contains several activities and, wherever necessary, lecture notes and handouts.

The fifth volume, Sexuality Education: A Handbook for Evaluating Programs, is based upon the methods we used and our experiences in evaluating these programs. It discusses the need for evaluation of sexuality education programs; selection of program characteristics and outcomes to be measured; experimental designs; survey methods; questionnaire design; and procedures for administering questionnaires, analyzing data, and using existing data.

A sixth volume, Sexuality Education: An Annotated Guide for Resource Materials, reviews books, films, filmstrips, curricula, charts, models, and games for youth in elementary school through high school. For each resource, the guide lists the distributor, length, cost, and recommended grade level, and provides a discussion of the material. This volume differs from the others in that it was not funded by the government and is not part of the final report. However, it will be useful to people developing programs.

INTRODUCTION

This curriculum is a revised and expanded version of the curriculum Parent-Child Sex Education: A Training Module (Brown et al., 1978) and is based primarily on the experiences and evaluation of the Family Guidance Center's work in St. Joseph, Missouri. The curriculum is designed for educators who are interested in replicating the Family Guidance Center (FGC) model.

In this introduction, we highlight important features of using the curriculum: we describe the Family Guidance Center approach to family sexuality education, the organization of the curriculum, important considerations for selecting the style of the course, and practical suggestions for implementing and evaluating courses using the curriculum. Our recommendations are expanded in the second volume of this report, Sexuality Education: A Guide to Developing and Implementing Programs, which should be used as a companion user's guide to this curriculum.

The Family Guidance Center Approach to Sexuality Education

This model is based on the following assumptions:

- Children receive sexuality education from a variety of sources including schools, peers, media, and parents.
- Children learn about sexuality from direct and indirect communication; that is, they learn from what they are told and from what they see and experience.
- Parents have a responsibility to be actively and knowledgeably involved in their children's sexuality education.
- Parents want to be more actively involved but feel unprepared to do so.
- For children to make responsible decisions regarding sexuality, they need not only information, but also a framework of values.
- Formal courses provided to mothers and daughters and to fathers and sons can facilitate parent/child communication about sexuality.

The Family Guidance Center offers courses to four groups: mothers and puberty-aged daughters (aged 9-12), mothers and adolescent daughters (aged 13-16), fathers and puberty-aged sons, and fathers and adolescent sons. Courses for groups with puberty-aged children consist of an introductory session for parents only and five sessions combining parents and children; those for adolescents, six sessions together. The program providers in St. Joseph, Missouri, found these breakdowns by sex and age most effective for their setting. Others may choose to adapt the curriculum for use with coeducational groups or with other age groupings.

The Family Guidance Center begins the course for parents and their preadolescents with a session for parents only to introduce the concept of family

involvement in the child's sexuality education, the instructor, and the class curriculum, and to begin to form the group. These sessions for parents only seem to facilitate parents' role as team teacher in the course. Although the FGC teachers recommend a parents only session for courses with adolescents as well, they have chosen to spend all six sessions on content with the combined group, and not ask participants to commit themselves to seven sessions.

The content of this curriculum emphasizes information about the physiological aspects of human sexuality; however, the process and goals of the program focus on parent/child interaction. Having parents and children participate in programs together has many advantages. While they are learning factual information about the anatomy and physiology of human sexuality, they are also:

- listening together and probably becoming more comfortable participating in frank, open discussions about sexuality
- practicing discussing issues with the other generation both within and outside of their own family
- exploring their own and others' opinions and values related to sexuality issues.

The formal evaluation of the program offered by the Family Guidance Center is discussed in detail in Volume I. In sum, the pretest and posttest questionnaires demonstrate that the course for preadolescents was more effective than the course for adolescents.

- The course for preadolescents substantially increased their knowledge, and both parents and their children reported that they communicated with each other more about sexuality and that they were more comfortable doing so.
- In comparison, the course for the adolescents increased knowledge, but this increase was small and not statistically significant. Parents reported significantly greater communication with their adolescents and felt that both they and their adolescent children were more comfortable. Adolescents reported greater communication and comfort, but their increases were small and not statistically significant. The adolescents did demonstrate significantly greater clarity of values about sexuality and more positive attitudes about the use of birth control by people who are having sex who wish to prevent a pregnancy.

Organization of the Curriculum

The curriculum consists of three major parts: 1) suggested course outlines; 2) activities, supplementary teacher resource sheets, and handouts; and 3) appendices.

Course Outlines

We have provided some examples of outlines to demonstrate a few ways to conduct the course with this curriculum. However, you can and should adapt the outlines and curriculum to meet the needs of particular groups and particular situations or to implement programs of varying lengths.

Activities

For each activity we have described the purpose, the appropriate target group, necessary materials, approximate time the activity will take, procedures for carrying out the activity, and suggested discussion questions. For formal presentations, the activity description is followed by an outline of factual material to be used as lecture notes or as resource materials when answering questions. Structured activities are followed by handouts or sample questions to assist you in preparing an activity.

Appendices

The appendices include:

- information to assist in selecting and obtaining audiovisuals
- information to assist in selecting, obtaining, or recommending pamphlets
- resources to supplement your own knowledge or to use during a course
- information about publishers and distributors of books and films
- questionnaires that can be used to evaluate programs based on this curriculum.

Implementing the Curriculum

Choosing Sponsors

The Family Guidance Center has offered parent/child programs both through their own agency and through well-respected community organizations such as the YMCA, 4H, Girl Scouts, and schools. They found it very helpful to obtain endorsements and/or support from at least one other community organization as well.

Offering Teaser Sessions

"Teaser" sessions can often generate interest and support for a parent/child program. The Family Guidance Center, for example, schedules meetings with women's and parents' groups to show the film A Family Talks about Sex, describe their course, and share ways to initiate programs. In FGC's experience, as soon as such organizations know that the program is available and understand their role in promoting it, they are usually eager to help organize or sponsor one.

Selecting the Style of the Course

In planning your course, decide what content and process to include according to the expressed needs and style of the participants.

Passive versus active: Use activities and teaching techniques that fit the learning style of participants. Some groups are more reserved than others. If a teacher asks a group of reserved parents to participate in an activity which

requires them to pop balloons or lead discussions, they may feel threatened, embarrassed, and/or resistant. Their discomfort will inhibit learning. Conversely, other participants find the inactivity of formal presentations and general discussions boring, and want more challenging activities and interaction with fellow participants. In such cases, some teachers prefer to provide outlines of factual information and other reading materials, and then use exercises rather than lectures.

Conservative vs. liberal: Select topics and activities that are consistent with the values of the families. Groups of parents and children vary, even within the same community, in their tolerance for exploring different topics. For example, some parents may feel birth control should not be discussed in front of children. Introducing such a topic early in the life of the course, if at all, may be disastrous. On the other hand, some groups of parents of 9 to 12-year-olds may consider discussions of birth control essential. Thus, a teacher should be sensitive to the orientation of the group.

The conservative vs. liberal criterion also applies to types of activities. Some participants object to roleplaying and value exploration exercises. Try to gauge such sensitivities in your own situation and to respect them in the way you design and implement your program.

Basic vs. complex knowledge: Assess each group's need for information. Some participants will prefer general information on anatomy and physiology. Others may ask for more detail. You should ascertain early in the course what level of information the particular group needs or wishes.

Developing an Outline

As mentioned earlier, we have developed course outlines to give you an idea of ways to implement the curriculum. However, each teacher using this curriculum may need to adapt some of the exercises or develop new ones, depending on the needs of the group and his or her own style. Regardless of the amount of time you have, make an outline of your major goals and objectives, then select activities that fulfill your objectives. The outlines are only suggestions. We strongly urge you to modify them to meet participants' needs and match your own style, keeping in mind the following considerations.

Select activities that you and participants will be comfortable doing. Because the group is not homogeneous (i.e., it includes both parents and children), you need to be particularly careful in selecting activities. If you want to use an activity that is appropriate for only parents or only children, divide the group.

Vary the format in each session. Show no more than one film per session; keep factual presentations brief; and intersperse them with opportunities for active participation (discussions, games, etc.)

Avoid overloading the group with formal presentations of factual information. The curriculum contains more information than most groups can absorb or will want to listen to. Weigh how important it is to provide detail. You may prefer to rely on the formal presentation outlines for answering questions and formally introduce only the most general and critical information. For example, many educators consider it unnecessary for participants to know details about the internal reproductive anatomy of a male.

Pay close attention to the estimated amount of time to complete each learning activity. Although different teachers and groups will spend different amounts of time on any one activity, the estimated times should help you avoid planning too much for the time you have.

Do not squeeze too many activities into one session. If participants are engaged and communicating with one another, allow them to continue. After all, a major goal of the course is to increase family communication about sexuality.

Make sure your sequence is logical. For example, participants need to know male and female anatomy before discussing conception and childbirth.

Include introductory, warmup exercises. It is important to develop an atmosphere of open communication and participant interaction from the beginning.

Plan ample time at the end of the course for a summary and closure. Provide information about resources, referrals, and other opportunities for families to continue to enhance their communication about sexuality.

Finally, after you organize a session, look it over. Make sure that each activity has an appropriate introduction, that it flows into the next, and that each session ends with a summary of the major points covered.

Selecting a Teacher

Parents, children, and the teacher are uncomfortable when the teacher has had inadequate training. If you have little training in human sexuality or if yours is no longer current, we encourage you to seek additional professional growth experiences. A sexuality educator for such a course:

appreciates the importance of parents and children communicating about sexuality

should be well informed about sexual topics

should continually be open to exploring his or her own attitudes about a variety of sexual issues

should be comfortable discussing sexuality with children and parents

should believe in the importance of parents and children communicating about sexuality

should be comfortable using sexual terminology

should have good communication and group facilitation skills

should be capable of and comfortable using a variety of teaching techniques in the classroom

should have training or experience working with parents and children aged 9-12 or 13-17

should be familiar with the needs and sensitivities of parents with children of different ages

should be familiar with the needs and sensitivities of the children

should have experience with children (as parent, older sibling, aunt/uncle, teacher, etc.)

should be familiar with the wealth of resources potentially available to parents

should be able to facilitate a course based on the families' values, rather than on his or her own values.

Implementing Your Outline

Before each class session, review the objectives and the activities. If you have chosen more than one activity, carefully consider how appropriate they are in combination and in what order to use them. You might want to select alternative activities in case a particular activity is not working or takes less time than you planned. Then present the activities in a way that will meet the desired objectives.

Introduce only as much information as can be adequately discussed. Presenting facts, experiences, or films without time for discussion may leave some participants misinformed, confused, or upset.

When you cannot discern how participants are feeling about a particular topic or exercise, pass out index cards and ask participants for feedback. Review the index cards before proceeding. Change your plans if the group is unhappy.

At the end of each session, provide closure for the session and incentive to return. We recommend ending a session on either a thought-provoking or a positive note.

Establishing the Course Atmosphere

The atmosphere of the course should be as relaxed and open as possible. The following points, if made repeatedly throughout the course, will help set this tone.

Parents do not need to know all the facts; children may even be more informed about some topics than their parents. Looking up answers in a book not only provides parents and children with information, but also teaches both to use books as a resource. Parents may also become comfortable learning with and from their children.

Parents and children do not need to feel completely comfortable with sexual questions or discussions. They might feel reassured to know that anyone can be embarrassed by a question or topic. As family members become more open to discussions about sex, they may find themselves disconcerted at first. However, with time and practice, both parents and children will become accustomed to discussing sexuality with each other.

Generally, parents do not need to worry about giving too much basic information. There is no empirical evidence that parent/child discussions about sexuality in general lead to harm. Harm is more likely through nonverbal

communication or parents' inappropriate behavior. However, parents need to use discretion in choosing issues to discuss with their children. For example, disclosing intimate details about their sexual relationship is usually inappropriate.

Parents should not wait for their children to ask questions. Some adolescents are too shy to ask; others feel they have the answers even though their information is incorrect.

Parents are not totally responsible for their children's behavior. If the child does something the parents consider inappropriate, it is not necessarily the result of the relationship with their parents. By the same token, parents cannot expect their children to think and behave exactly as they want them to. Both need to recognize adolescents' responsibility for their own behavior.

Many individuals have contradicting values. For example, parents may accept behavior such as premarital sexual activity for others, but find it unacceptable for their own children. It is important for parents to share such ambivalence with their adolescents. Similarly, adolescents may recognize that their parents are sexual people, but feel extremely uncomfortable discussing sexuality. Adolescents' sharing such feelings can help their parents discuss sexuality.

Many parents have values that differ from or conflict with the values of their children. In our society, children's values are influenced not just by parents, but also by peers, other adults, the media, and school.

Evaluating the Program

The questionnaires used in this evaluation can be found in Appendix E. Before using them or any evaluation instruments, we strongly recommend consulting the evaluation handbook (Volume V) for guidelines. Using instruments that are improperly suited to your specific program may be worse than not evaluating it. You risk negative results that do not accurately reflect your program. Generally we recommend the following steps when conducting an evaluation:

Establish personal commitment. Because your groups will be attending courses voluntarily, you may be reluctant to ask participants to complete questionnaires. Before you decide to evaluate a course, be sure that you feel prepared to carry it out and to ask participants to cooperate with it, and that participants are willing to cooperate.

Identify goals and objectives. Establish realistic goals. Clearly, the goals of a five or six-session course need to be modest. For such courses, we recommend aiming for increased knowledge and parent/child communication about sexuality.

Select evaluation procedures. You can use any of the following four approaches to evaluate your program: 1) questionnaires that directly ask participants what effect the course had on them; 2) questionnaires that ask participants how satisfied they were with the course; 3) pretest/posttest questionnaires that assess actual changes; and 4) structured and unstructured interviews of students. All four were used to successfully evaluate the FGC model program, but generally, pretest and posttest questionnaires provide the most valid evidence for the effects of the program.

Modify instruments and procedures. We recommend carefully reviewing the questionnaires in Appendix E to determine how well they correspond to the goals and desired outcomes of your course. Then adapt the questionnaires to reflect your specific goals and objectives. If you do not plan to discuss contraception, for example, delete those items on the Knowledge Questionnaire. If you plan to discuss anatomy and physiology in great detail, add appropriate items. For a specific discussion of questionnaire design, see the evaluation handbook (Volume V).

Administer questionnaires. Administer pretest questionnaires when participants register, before the first session, or at the beginning of the first class. Because of the short duration of this program, it is essential to collect pretest data before you begin actual instruction. Then administer final questionnaires during the last session. If possible, administer questionnaires three to six months later to measure longer term effects.

Analyze the questionnaire data. If you administered both pretests and posttests, be sure to measure both the amount of change and the statistical significance of the change. If you have limited statistical experience, be sure to read Volume V or work with a knowledgeable consultant.

Conclusion

Finally, offering courses to parents and children together can be challenging and fun for all concerned. As we have said, both parents and children want to talk more with each other about important issues of sexuality. In these courses, you can help them get the ball rolling.

Community support for your program is essential. Use every opportunity to build that support for your program. When parents compliment you for the work that you are doing, ask them to submit a written letter to their congressional representative, or the sponsoring organization, or both.

OVERVIEW OF ALL ACTIVITIES

Number	Name of Activity	Time (Min.)	Type of Activity	Sex	Ages	Page
Unit 1: Introduction to Course						
1	Expectations	15–20	Exercise	M and F	All	21
2	Everything You Always Wanted to Know About a Sexuality Educator	10–20	Discussion	M and F	All	23
3	Issues at Home	45–60	Film	M and F	Parents of 9–12	24
4	Find Someone Who	15–30	Exercise	M and F	All	25
5	Teach Us What We Want to Know	30	Exercise	M and F	13–17	27
6	Dart Game	20–30	Game	M and F	9–12	28
7	Do You Know Your Family?	15	Exercise	M and F	All	30
8	Question Box	5	Discussion	M and F	All	33
9	Similarities vs. Differences	20	Exercise	M and F	All	34
10	Adolescent Pregnancy and Prevention	30–45	Film or Filmstrip	M and F	All	35
11	Adolescent Pregnancy and Prevention	30–45	Presentation	M and F	All	36
12	What Were You Taught?	15–40	Exercise	M and F	Parents	40

Number	Name of Activity	Time (Min.)	Type of Activity	Sex	Ages	Page
Unit II: Anatomy, Physiology, and Maturation						
13	Anatomy and Physiology Presentation	15-30	Presentation	M and F	All	42
14	Puberty and Reproduction	20-40	Film	M and F	All	49
15	Anatomy and Physiology Puzzles	15-30	Game	M and F	All	50
16	Male/Female/Individual Differences Presentation	15-20	Presentation	M and F	All	51
17	Body Changes	15	Presentation	M and F	9-12	55
18	There's A New You Coming	15-40	Filmstrip	F	9-12	58
19	Body Changes Spinner	5-15	Game	F	9-12	59
20	Balloon Race	15	Game	M and F	All	61
21	Adolescent Development	15-25	Presentation	M and F	13-17	63
22	Dear Diary	30-40	Film	F	9-12	65
23	Feminine Health and Hygiene Presentation	20-45	Presentation	F	All	66
24	Something Very Special	15-20	Film	F	13-17	70
25	Menstruation Presentation	(F) 20-35 (M) 10-20	Presentation	M and F	All	71
26	Fact/Feeling Spinner	15-20	Game	F	All	73
27	Am I Normal?	30-40	Film	M	9-12	76
28	Masculine Health and Hygiene Presentation	20-40	Presentation	M	All	77
29	Common Sexual and Health Myth Games	40-45	Game	M and F	13-17	81

Number	Name of Activity	Time (Min.)	Type of Activity	Sex	Ages	Page
Unit III: Gender Roles						
30	Female Collage/Male Collage	30-45	Exercise	M and F	All	83
31	Gender Roles	30-55	Film	M and F	13-17	84
Unit IV: Sexually Transmitted Diseases						
32	STD: Myth or Fact?	30	Exercise	M and F	13-17	85
33	Sexually Transmitted Diseases	20-30	Presentation	M and F	13-17	87
34	STD Handshake	20-35	Exercise	M and F	13-17	92
35	STD	30-45	Film	M and F	13-17	93
36	STD Dilemmas	20-40	Exercise	M and F	13-17	94
Unit V: Reproduction						
37	Pregnancy and Childbirth Presentation	20-30	Presentation	M and F	All	96
38	Everyday Miracle: Birth	45	Film	M and F	All	101
39	Life Before Birth	15-20	Filmstrip	M and F	All	102
Unit VI: Adolescent Sexuality						
40	The Dating Game	30-40	Exercise	M and F	13-17	103
41	Pros and Cons of Teenage Sex	15	Exercise	M and F	13-17	105
42	Adolescent Sexuality	40-60	Film	M and F	13-17	106
Unit VII: Birth Control						
43	Birth Control Presentation	20-45	Presentation	M and F	13-17	107
44	Using Resources: Sexual Information	30-60	Exercise	M and F	9-12	114

Number	Name of Activity	Time (Min.)	Type of Activity	Sex	Ages	Page
Unit VIII: Parenting						
45	Planning Your Future	30	Exercise	M and F	All	120
46	Prepared Parenthood	30	Exercise	M and F	All	122
47	How Would Your Life Be Different?	20-30	Exercise	M and F	13-17	126
48	Egg Parent	5-10 15-20	Exercise Discussion	M and F	13-17	128
Unit IX: Review						
49	Dear Edie	30-60	Exercise	F	13-17	130
50	Dear Best Buddy	20-40	Exercise	M	13-17	136
51	Human Sexuality Game	30-45	Game	M and F	All	141
52	Closure and Final Summary	20-30	Activity	M and F	All	160

SUGGESTED COURSE OUTLINE*
MOTHER/DAUGHTER (AGES 9-12)

	ACTIVITY NAME	TIME (MIN.)	TYPE OF ACTIVITY
	Session I: Introduction for Parents		
	Objectives: Parents will 1) identify their expectations for the course, 2) establish rapport with the teacher and other parents, and 3) increase their awareness of the problem of adolescent pregnancy.		
	Introduction	5	Business
1	Expectations	15	Exercise
2	Everything You Wanted to Know	15	Discussion
3	Issues at Home	40	Film
	Break	10-20	
11	Adolescent Pregnancy and Prevention	30	Presentation
12	What Were You Taught?	15	Exercise
	Session II: Anatomy and Physiology		
	Objectives: Participants will 1) increase their knowledge about and 2) communicate about anatomy and physiology.		
4	Find Someone Who	15	Exercise
	Introduction	10	Business
13	Anatomy and Physiology	20	Presentation
15	Anatomy and Physiology Puzzles	30	Game
	Break	10-20	
22	Dear Diary	35	Film
19	Body Changes Spinner	15	Game
8	Question Box	10	Discussion
	Session III: Female Health and Hygiene		
	Objectives: Parents will 1) increase their knowledge about and 2) communicate about female development, health, and hygiene.		
	Review of Session II	5	Discussion
18	There's a New You Coming	15	Filmstrip
25	Menstruation	20	Presentation
26	Fact/Feeling Spinner	15	Game
	Break	10-20	
23	Feminine Health and Hygiene	35	Presentation
8	Question Box	10-20	Discussion

*These modified outlines reflect the experiences of the Family Guidance Center. Program providers should consider the needs and sensitivities of their groups before finalizing their course outlines.

Session IV: Pregnancy and Childbirth

Objectives: Participants will 1) increase their knowledge about and 2) communicate about reproduction and childbirth.

	Review of Sessions II and III	5	Discussion
14	Human Growth III	30	Film
37	Pregnancy and Childbirth	20	Presentation
	Break	10-20	
51	Human Sexuality Game	45	Game
8	Question Box	20	Discussion

Session V: Being Female

Objectives: Participants will increase their awareness 1) of prevalent attitudes about being female and 2) of the responsibilities of being a parent. Participants will provide feedback for the course providers.

	Review of Sessions II-IV	5	Discussion
30	Female Collage	35	Exercise
46	Prepared Parenthood	30	Exercise
	Break	10-20	
44	Using Resources	30	Exercise
52	Closure and Final Summary	20-30	Activity

SUGGESTED COURSE OUTLINE
FATHER/SON (AGES 9-12)

	ACTIVITY NAME	TIME (MIN.)	TYPE OF ACTIVITY
	Session I: Introduction for Parents		
	Objectives: Parents will 1) identify expectations for the course; 2) establish rapport with the teacher and other parents; and 3) increase their awareness of the problem of adolescent pregnancy.		
	Introduction		Business
1	Expectations	15	Exercise
2	Everything You Wanted to Know	15	Discussion
3	Issues at Home	40	Film
	Break	10-20	
11	Adolescent Pregnancy and Prevention	40	Presentation
12	What Were You Taught?	15	Exercise
	Session II: Anatomy and Physiology		
	Objectives: Participants will 1) increase their knowledge and 2) communicate about human sexual anatomy and physiology.		
	Introduction	10	Business
6	Dart Game	30	Game
13	Anatomy and Physiology	15	Presentation
	Break	10-20	
15	Anatomy and Physiology Puzzles	30	Game
14	Then One Year	20	Film
8	Question Box	10	Discussion
	Session III: Male Health and Hygiene		
	Objectives: Participants will 1) increase their knowledge and 2) communicate about male health and hygiene and female development.		
	Review of Session II	5	Discussion
27	Am I Normal?	35	Film
16	Male/Female/Individual Differences	15	Presentation
17	Body Changes	15	Presentation
28	Masculine Health and Hygiene	20	Presentation
	Break	10-20	
25	Menstruation	15	Presentation
20	Balloon Race	15	Game
8	Question Box	10	Discussion

Session IV: Pregnancy and Childbirth

Objectives: Participants will 1) increase their knowledge and 2) communicate about reproduction and childbirth.

	Review of Sessions II and III	5	Discussion
38	Everyday Miracle: Birth	45	Film
	Break	10-20	
37	Pregnancy and Childbirth	20	Presentation
44	Using Resources	30	Exercise
8	Question Box	15	Discussion

Session V: Being Male

Objectives: Participants will increase their awareness of 1) attitudes about being male and 2) their plans for the future. Participants will provide feedback for the course providers.

	Review of Sessions II-IV	5	Discussion
31	Gender Roles	30	Film
	Break	10-20	
30	Male Collage	35	Exercise
45	Planning Your Future	30	Exercise
52	Closure and Final Summary	20-30	Activity

SUGGESTED COURSE OUTLINE
MOTHER/DAUGHTER (ADOLESCENT)

	ACTIVITY NAME	TIME (MIN.)	TYPE OF ACTIVITY
	Session I: Introduction and Anatomy and Physiology		
	Objectives: Participants will 1) identify expectations for course; 2) establish rapport with the teacher and other participants; 3) increase their knowledge of their own families; 4) increase their knowledge and 5) communicate about human sexual anatomy and physiology.		
4	Find Someone Who	15	Exercise
2	Everything You Wanted to Know	10	Discussion
5	Teach Us What We Want to Know	30	Exercise
7	Do You Know Your Family?	15	Exercise
	Break	10-20	
16	Male/Female/Individual Differences	20	Presentation
15	Anatomy and Physiology Puzzles	30	Game
8	Question Box	10	Discussion
	Session II: Maturation and Feminine Health		
	Objectives: Participants will 1) increase their knowledge and 2) communicate about female development, health, and hygiene.		
	Review of Session I	5	Discussion
25	Menstruation	20	Presentation
24	Something Very Special	20	Film
	Break	10-20	
23	Feminine Health and Hygiene	30	Presentation
26	Fact/Feeling Spinner	20	Game
8	Question Box	20	Discussion
	Session III: Venereal Disease and Reproduction		
	Objectives: Participants will 1) increase their knowledge and 2) communicate about sexually transmitted diseases and reproduction.		
	Review of Sessions I and II	5	Discussion
34	STD Handshake	20	Exercise
33	Sexually Transmitted Diseases	20	Presentation
35	VD Attack Plan	30	Film
	Break	10-20	
37	Pregnancy and Childbirth	30	Presentation
48	Egg Parent	15	Exercise
8	Question Box	10	Discussion

Session IV: Contraception and Parenthood

Objectives: Participants will 1) increase their awareness of the responsibilities of parenting and problems related to adolescent pregnancy; 2) increase their knowledge of contraception; and 3) communicate about adolescent pregnancy, contraception, and parenting.

51	Human Sexuality Game	30	Game
47	How Would Your Life be Different?	20	Exercise
	Review of Egg Parent	15	Discussion
	Break	10-20	
42	Teenage Father	40	Film
43	Birth Control	20	Presentation
8	Question Box	10	Discussion

Session V: Dating

Objectives: Participants will 1) increase their awareness of and 2) communicate about attitudes toward dating.

	Review of Session IV	10	Discussion
40	The Dating Game	40	Exercise
	Break	10-20	
49	Dear Edie	60	Exercise

Session VI: Sexuality

Objectives: Participants will 1) increase their awareness of and 2) communicate about adolescent sexuality. Participants will 3) review material covered in the course and 4) provide feedback to the course providers.

	Review of Sessions I-V	10	Discussion
8	Question Box	20	Discussion
41	Pros and Cons of Teenage Sex	15	Exercise
	Break	10-20	
29	Common Sexual and Health Myth Games	40	Game
52	Closure and Final Summary	20-30	Activity

SUGGESTED COURSE OUTLINE
FATHER/SON (ADOLESCENT)

	ACTIVITY NAME	TIME (MIN.)	TYPE OF ACTIVITY

Session I: Introduction and Anatomy and Physiology

Objectives: Participants will 1) identify identify expectations for course, 2) establish rapport with teacher and other participants, 3) increase their knowledge of their own families, 4) increase their knowledge about human sexual anatomy and physiology, and 5) communicate about anatomy and physiology.

	Introduction	5	Business
2	Everything You Always Wanted to Know	10	Discussion
9	Similarities and Differences	20	Exercise
	Break	10-20	
13	Anatomy and Physiology	20	Presentation
15	Anatomy and Physiology Puzzles	15	Game
17	Body Changes	15	Presentation
8	Question Box	10	Discussion

Session II: Maturation and Masculine Health

Objectives: Participants will 1) increase their knowledge of and 2) communicate about male health and hygiene and sexually transmitted diseases.

	Review of Session I	5	Discussion
14	Then One Year	40	Film
28	Masculine Health and Hygiene	20	Presentation
	Break	10-20	
32	STD: Myth or Fact?	30	Exercise
36	STD Dilemmas	20	Exercise
8	Question Box	10	Discussion

Session III: Reproduction

Objectives: Participants will 1) increase their knowledge of and 2) communicate about female development and reproduction.

	Review of Session II	5	Discussion
25	Menstruation	10	Presentation
37	Pregnancy and Childbirth	30	Presentation
35	VD Attack Plan	30	Film
	Break	10-20	
39	Life Before Birth	20	Filmstrip
48	Egg Parent	15	Exercise
8	Question Box	20	Discussion

Session IV: Contraception and Parenthood

Objectives: Participants will 1) increase their awareness of the responsibilities of parenting and problems related to teenage pregnancy; 2) increase their knowledge of contraception; and 3) communicate about adolescent pregnancy, contraception, and parenting.

51	Human Sexuality Game	30	Game
46	Prepared Parenthood	30	Exercise
	Review of Egg Parent	15	Discussion
	Break	10-20	
42	Teenage Father	40	Film
43	Birth Control	20	Presentation
8	Question Box	10	Discussion

Session V: Dating

Objectives: Participants will 1) increase their awareness of and 2) communicate about attitudes toward dating.

	Review of Session IV	10	Discussion
40	The Dating Game	40	Exercise
	Break	10-20	
31	Boys Don't Do That	40	Film
50	Dear Best Buddy	20	Exercise

Session VI: Sexuality

Objectives: Participants will 1) increase their awareness of and 2) communicate about issues related to adolescent sexuality. Participants will 3) review material covered in the course, and 4) provide feedback to the course providers.

	Review of Sessions I-V	10	Discussion
8	Question Box	20	Discussion
41	Pros and Cons of Teenage Sex	15	Exercise
	Break	10-20	
29	Common Sexual and Health Myths Games	45	Game
52	Closure and Final Summary	20-30	Activity

Activity 1
EXPECTATIONS

Purpose: Warmup activity to give participants an opportunity to develop a relationship with one other person in the program, to learn more about each other, and to anonymously express expectations for the course to the facilitator.

Appropriate Target Group: All groups.

Materials: Paper and pencils for each participant; blackboard or newsprint and markers.

Time: 15-20 minutes.

Procedure: Slowly read the following questions, allowing time for participants to quickly jot down responses. Mention that you will collect papers after the exercise. Suggest that the responses be anonymous.

How did you hear about the course? (This question is primarily for your own information to improve recruitment.)

For children: How does your mother, father, or sibling feel about your taking the course?

For adults: How does your son, daughter, or partner feel about your taking the course?

How are you feeling now that you're here?

What are two things you hope to get out of this course?

What would be the worst thing that could happen to you in this course?

Have participants find a partner whom they don't know well and talk about the questions. After a few minutes, reconvene the group, and invite them to share comments. Be sure to find out what participants hope to get out of the course. List their expectations on the blackboard or newsprint, letting participants know which expectations can and cannot be met in the course. Deal with responses to the last question in a general manner, letting participants know they are not alone with their concerns. Collect the unsigned papers and keep them until the end of the program. At that time, review them with the group; make sure every expectation you have agreed to has been addressed in some fashion.

Discussion Points:

1. Explain that discomfort in talking about sexuality is common in our society.

2. Point out that there are some things the course cannot accomplish. Because this is an educational course of short duration, it cannot substitute for therapy or solve personal or family problems.

Activity 2

EVERYTHING YOU ALWAYS WANTED TO KNOW ABOUT A SEXUALITY EDUCATOR

Purpose: Warmup activity to help participants become acquainted with the instructor(s).

Appropriate Target Group: All groups.

Materials: Index card and pencil for each participant.

Time: 10-20 minutes.

Procedure: Begin by telling the group about your background. To set the tone, provide personal information relevant to the course. For example, tell an anecdote about your own sexuality education. Distribute cards and pencils, asking each person to write down a question about you to get to know you better. Collect the cards and, at an appropriate time, answer the questions.

Use your judgment answering questions. Your answers will set a standard of answering questions openly but also maintaining privacy where appropriate. You can use this opportunity to explain that participants will always have the option to pass on questions or to choose not to participate in a particular exercise.

Discussion Points:

1. Was it easy or difficult to write questions? Why?
2. Were there questions that made participants uncomfortable? If yes, would anyone like to say which ones and why?

Activity 3

FILM: ISSUES AT HOME

Purpose: To demonstrate that many parents feel awkward or uncertain when discussing sexual topics with their children. To help participants consider how they would handle situations based on their own value system.

Materials: Projector, screen, extension cords, projectionist, film:
"A Family Talks About Sex" [Perennial Films] or
"Loving Parents" [Texture Films].

Appropriate Target Group: Pre-adolescent groups or parents only.

Time: 45-60 minutes.

Procedure: Introduce the film. "This film presents typical situations involving sexuality issues that occur in many different families. Let's watch the film to get some more ideas about handling questions and problems when they come up."

Indicate the length of the film and briefly describe the content. If you are showing "A Family Talks About Sex," explain that the film portrays a family with a particular set of values with which the participants may or may not agree.

Discussion Points:

1. What are general reactions to the film?

"A Family Talks About Sex":

2. Would you have handled any of the situations differently than shown in the film? If so, how?
3. If participants are too accepting of the solutions shown in the film, play the devil's advocate. Help them see alternatives.
4. If the group is willing, have them roleplay these situations and any others that come up.
5. Focus on the issues relevant to the age of the group's children.

"Loving Parents":

6. Have you experienced any of the situations presented in the film?
7. If so, how did you feel? If not, how do you think you would feel?
8. How would you respond to your child in each of those situations?

Activity 4
FIND SOMEONE WHO

Purpose: Warmup activity to help participants get acquainted and begin to discuss sexual issues with one another.

Appropriate Target Group: All groups.

Materials: Handouts and pencils for all participants.

Time: 15–30 minutes.

Procedure: This activity is primarily an icebreaker and may not be necessary if participants are already well acquainted. If you decide to use it, note that some of the suggested questions (numbers 11, 12, and 13) may be too sensitive for your group. If so, you could change the questions to less threatening ones. For example, have them find someone who likes to dance, plays a musical instrument, knows how to swim, has three children, is wearing blue, used to live out of town, wanted to come because the course sounded interesting, likes to dance.

Distribute handouts and pencils. Ask participants to move around the group to find someone to autograph each item on their sheet. They should continue circulating until each item has been autographed. Encourage participants to obtain many different signatures, particularly from people they do not already know.

Then bring the group together and pose a few questions for a group response: "How many of you have a younger brother? Raise your hand." This identifies similarities and gives closure to the exercise.

Acknowledge that asking questions related to sexuality can be awkward, especially with strangers.

Discussion Points:

1. How many different signatures did you obtain?
2. Were there any questions that were hard to ask?
3. Which items did you skip? What made you skip them?
4. Were you unable to obtain signatures for any items?
5. How many people were able to sign number 4, "Has talked to his or her parent about sexuality"?
6. How many people could answer the knowledge questions?

Handout for Activity 4
FIND SOMEONE WHO

Find someone who:

1. Has a younger brother _____
2. Has been asked an embarrassing question about sex _____
3. Would rather be home tonight _____
4. Has talked to his or her parent about sexuality _____
5. Has taken a sexuality education class _____
6. Feels nervous doing this exercise _____
7. Has a mother who works or worked _____
8. Wishes he or she were younger _____
9. Wishes he or she were older _____
10. Thinks parents should talk about sexuality with their young adolescent even if both are embarrassed _____
11. Knows why women have periods _____
12. Knows what a wet dream is _____
13. Knows where a baby develops before it is born _____

Activity 5

TEACH US WHAT WE WANT TO KNOW

Purpose: To identify what parents and children want to know and what parents think their children want to know. To compare parents' and children's concepts of appropriate sexuality education.

Appropriate Target Group: Adolescent groups.

Materials: Newsprint, magic marker, tape.

Time: 30 minutes.

Procedure: Separate the group into parents and children. If the class is large, form several groups. Ask the adolescents to list the 10 most important things they want or need to know about sexuality. Ask the parents to list the 10 most important things they think their adolescents should know about sexuality.

Give the groups an opportunity to discuss their lists, then ask them to record the lists on the newsprint and post them. Convene the entire group to compare the lists.

Discussion Points:

1. What are the similarities and differences in the two lists? (Supplement what the group notices with your own perception.)
2. Are there items on either list that parents would not discuss with their adolescents? Adolescents with parents?
3. What prevents parents and adolescents from discussing these topics with each other?
4. What might make discussion about these topics possible?

Activity 6
DART GAME

Purpose: To provide each individual with the opportunity to be recognized by the group; to begin discussing expectations for the course.

Appropriate Target Group: Preadolescent groups.

Materials: One or two velcro dart board sets with balls (readymade boards with balls are available at variety and toy stores); index cards with statements printed on them (see Teacher Resource for suggestions).

Time: 20-30 minutes.

Procedure: Group the questions according to theme -- feelings about the course, family relationships, etc. Assign each stack of questions to a ring in the dart board.

Instruct participants to take turns throwing a ball at the Velcro board. When the ball lands on a ring, participants should select a card from the appropriate stack and answer the question.

Discussion Points:

1. Did any stack contain more difficult questions? Which one and why?
2. What did you learn that was new?

Teacher Resource for Activity 6
DART GAME SAMPLE QUESTIONS

Stack 1: Feelings About the Course

Did you want to come to this class, or did someone have to encourage you?

How do you feel now that you're here?

What would you like to learn in this class?

Do any of your friends know you're coming to this course?

What is the worst thing that could happen to you in this course?

What is the best thing that could happen to you in this course?

Stack 2: Family Relationships

Describe the ideal father (mother).

What kinds of things do you do with your father/son (mother/daughter)?

If you have a sister/daughter (brother/son), is she (he) treated differently from the males (females) in the family?

How do you feel about family discussions about sexuality?

Describe the ideal son (daughter).

How often do you do things as a father/son (mother/daughter) pair?

Stack 3: Positive and Negative Feelings

What types of things make you sad?

If you got angry today, what was it that made you angry?

What frightens you?

What's the best thing that happened to you all day?

What do you think about men crying when they are very sad?

Stack 4: Preferences

What is (or was) your hardest class in school?

What is your favorite TV show?

What sport is the most fun for you to play?

How do you like to spend your Saturdays?

Activity 7

DO YOU KNOW YOUR FAMILY?

Purpose: Warmup activity to help set the tone of a family event and to encourage children and parents to see each other as individuals.

Appropriate Target Group: Entire group, children only, or parents only.

Materials: Handouts for parents, handouts for children, pencils for all.

Time: 15 minutes.

Procedure: Distribute the handouts. Instruct the participants to answer as many questions as possible. Have the children and parents check their answers with each other, then total their correct responses. Ask them to correct or complete questions they missed or could not answer.

Alternative Procedure: Distribute the handouts as homework.

Discussion Points:

1. How much did you know about your parent/child?
2. Who was surprised to see how much you knew? How little you knew?
3. Who was surprised by how much your parent/child knew? How little she or he knew?
4. Which questions were most difficult to answer?

Handout A for Activity 7
DO YOU KNOW YOUR CHILD?

How much -- or how little -- do you know about your child? Answer the following questions as best you can. After you have finished, go over your answers with your child to see which questions you answered correctly.

1. What is your child's favorite:

school subject _____ after school activity _____

salad dressing _____ book _____

television show _____ movie _____

rock group _____ color _____

food _____ hair style _____

chore at home _____ pet _____

sport _____ aspect of her/his appearance _____

2. What is your child's best friend's name?

_____ (first) _____ (last)

3. If your child were given $50, what would she or he do with it?

_____

_____

4. How does your child feel about his or her physical appearance?

_____

_____

5. How does your child feel about going to parties?

_____

_____

Handout B for Activity 7
DO YOU KNOW YOUR PARENT?

How much -- or how little -- do you know about your parent? Answer the following questions as best you can. After you have finished, go over your answers with your parent to see which questions you answered correctly.

1. What is your parent's favorite:

car _____	movie _____
book _____	television show _____
food _____	salad dressing _____
music _____	chore at home _____
free time activity _____	part of his or her job _____
toy as a child _____	pet _____
color _____	sport _____

2. How old was your parent on his or her first date?

_____

3. What was your parent's first job?

_____

4. How did your parents meet?

_____

_____

5. What does your parent remember was the hardest part of being a teenager?

_____

_____

Activity 8
QUESTION BOX

Purpose: To provide an opportunity for participants to ask questions anonymously.

Appropriate Target Group: Entire group, parents only, or children only.

Materials: Index cards, pencils, and shoe box or other cardboard box with a large slot on top and labeled "Question Box."

Time: 5 minutes at the end of sessions to write questions, plus whatever time is needed to answer questions.

Procedure: At the end of each session (except the last one), distribute index cards and ask each participant to write a question or remark and drop it into the box as they leave. Between sessions, read the questions and prepare responses, weeding out questions that are inappropriate for class discussion. If a participant expresses a need for personal help, provide referrals for the entire group.

Answer questions at the beginning of the next session. Encourage participants to answer some of the questions themselves and to ask any additional questions.

Discussion Points:

The most important and interesting discussion points are the questions themselves. However, watch for the following during the life of the course.

1. Are there fewer or more questions as the course continues?
2. Has the content of questions changed during the course?

Activity 9

SIMILARITIES VS. DIFFERENCES

Purpose: Warmup activity to help participants get acquainted and discover similarities and differences within the group. To build enthusiasm for discussing personal attitudes and issues related to sexuality.

Appropriate Target Group: All groups.

Materials: None.

Time: 20 minutes.

Procedure: Explain that you would like to begin the session with an exercise that will explore similarities and differences in the group. Tell the group that you will give them a series of questions with two possible choices. They should go to one side of the room if they select the first choice and to the opposite side if they select the second choice.

For each question, instruct them to spend a few minutes discussing how their feelings are similar to the others in their group. Then ask representatives from each group to explain why they made their choices. Remind participants that no choice is "right" or "wrong."

Would you rather be
- a man?
- a woman?

Would you rather be
- under 21?
- over 21?

Would you rather have
- a few special friends?
- many different friends and acquaintances?

Would you rather be
- a late bloomer?
- an early bloomer?

Would you rather
- read a book?
- watch television?

Would you rather be
- very intelligent?
- very popular?

Would you prefer
- many discussions with family members about sexuality?
- few discussions with family members about sexuality?

Discussion Points:

1. How did you feel during this exercise?
2. Did you feel any pressure to go to the place where you thought most others would go? If so, what did you do about it?
3. Did you learn anything about the others in the group?

Activity 10

FILM: ADOLESCENT PREGNANCY AND PREVENTION

Purpose: To give participants information about adolescent sexual behavior, adolescent pregnancy, and strategies for pregnancy prevention.

Appropriate Target Group: All groups or parents only.

Materials: Screen, projector, and film or filmstrip:
"Teenage Pregnancy and Prevention" [Sunburst Communications] or
"Woman/Child" [National Foundation/March of Dimes].

Time: 30-45 minutes.

Procedure: Explain to participants that adolescence is a time when young people become more aware of sexual feelings and romantic attractions. More adolescents are choosing to have sexual intercourse than chose to 20 years ago. This audiovisual presentation is designed to give participants information about adolescent sexual behavior, the number of adolescent pregnancies, and strategies for prevention. Show the film or filmstrip.

Discussion Points:

1. Were you surprised by any of the facts presented in the film?
2. Parents: What values do you hold for your adolescent? Would you want him/her to experience sexual intercourse at this age? Pregnancy?
3. Adolescents: What do you feel about these values?
4. Parents: What have you told your child about these behaviors?
5. Adolescents: What do you feel about these explanations?
6. How do you feel about discussing these topics?
7. Parents: What would you do if you found out that your child was having intercourse? Was pregnant or had impregnated someone?
8. What kinds of values are children exposed to if their sexuality education comes from school? From peers? From the media?
9. What are the advantages of parent/child communication about sexuality?
10. What is the parent's role in this course? Child's role?
11. How can the parent not attending the course be involved?

Activity 11

PRESENTATION: ADOLESCENT PREGNANCY AND PREVENTION

Purpose: To give participants information about adolescent sexual behavior, adolescent pregnancy, and strategies for pregnancy prevention.

Appropriate Target Group: All groups or parents only.

Materials: Teacher Resources, paper, and pens.

Time: 30–45 minutes.

Procedure: Explain to participants that adolescence is a time when young people become more aware of sexual feelings and romantic attractions. More adolescents are choosing to have sexual intercourse than chose to 20 years ago. This presentation is designed to give participants information about adolescent sexual behavior, the number of adolescent pregnancies, and strategies for prevention. Administer the brief quiz (Teacher Resource A), discuss the answers, and briefly present the information contained in the Teacher Resource B.

Discussion Points:

1. Were you surprised by any of the facts we covered?
2. Parents: What values do you hold for your adolescent? Would you want him/her to experience sexual intercourse at this age? Pregnancy?
3. Adolescents: What do you feel about these values?
4. Parents: What have you told your child about these behaviors?
5. Adolescents: What do you feel about these explanations?
6. How do you feel about discussing these topics?
7. Parents: What would you do if you found out that your child was having intercourse? Was pregnant or had impregnated someone?
8. What kinds of values are children exposed to if their sexuality education comes from school? From peers? From the media?
9. What are the advantages of parent/child communication about sexuality?
10. What is the parent's role in this course? Child's role?
11. How can the parent not attending the course be involved?

Teacher Resource A for Activity 11
QUIZ: ADOLESCENT PREGNANCY

Read each question and ask participants to record their answers.

1. What percentage of 15 to 17-year-old girls have had intercourse?

   a. 25% (b.) 33% c. 50% d. 66%

2. What percentage of 15 to 17-year-old boys have had intercourse?

   a. 25% b. 33% (c.) 50% d. 66%

3. What percentage of teenage girls became pregnant before they became 20?

   a. 1% b. 6% c. 24% (d.) 36%

4. In 1978, h w many American adolescents became pregnant?

   a. 5,000 b. 51,000 c. 550,000 (d.) 1.1 million

5. What percentage of sexually active adolescent females don't get birth control because they are afraid their parents will find out?

   a. 5% b. 11% c. 21% (d.) 31%

6. Of those who get pregnant, what percentage choose abortion?

   a. 10% b. 15% c. 23% (d.) 38%

7. Of those who get pregnant, what percentage are unmarried?

   a. 5% b. 12% (c.) 22% d. 42%

8. Of those who decide to have their babies, what percentage keep them?

   a. 10% b. 26% c. 76% (d.) 96%

Source: Teenage Pregnancy: The Problem that Hasn't Gone Away. Statistics may fluctuate with time.

Sexual Revolution?

Are today's teenagers much different from teenagers of 20-30 years ago? Certainly attitudes are different today. Adolescents were expected to be chaste then. Now, sexual activity seems to be more acceptable to the youth peer group and society in general. Not all teenagers were virgins then; about half are sexually active now.

More adolescents are getting pregnant now. Why?

The number of adolescents who are capable of getting pregnant has increased.

Girls and boys are maturing sexually at an earlier age.

Girls are able to conceive earlier, in part because they are beginning to menstruate at younger ages.

General health is better.

More teenagers are having intercourse at an earlier age.

The media bombards us with sexual messages. Magazines, television, and books continually present information and attitudes about sexuality. Some are constructive messages; most are confusing or misleading -- for example, that "everybody is having sex." (Source: Lewis and Lewis, The Parent's Guide to Teenage Sex and Pregnancy.)

Sexual Behavior

Of the 21 million adolescents in the United States between ages 15-19, approximately 11 million are sexually active.

Slightly less than half of those aged 15-19 are not having sex.

More adolescent girls are having intercourse. For girls aged 15-19 in metropolitan areas, the figures jumped from 30% in 1971 to 50% in 1979.

Black teenagers begin sexual activity earlier and have higher pregnancy rates than White teenagers. However, these rates are not continuing to increase as they are with Whites.

Teenagers are beginning intercourse at a younger age.

In 1979, only 34% of sexually active teenagers always used birth control and 27% never used birth control.

(Source: Zelnick and Kantner, "Sexual Activity, Contraceptive Use and Pregnancy Among Metropolitan Area Teenagers: 1971-1979.")

Teenagers have intercourse infrequently with few partners.

In studies (Zelnick and Kantner, 1976), 38% of girls reported that they had had no intercourse in the previous month. Some respondents had had intercourse only once or "a few times." Three out of five girls had had only one partner.

Most intercourse takes place in parents' home.

Youth Values Project revealed that 61% of sexually active girls and 47% of sexually active boys had intercourse in their own homes. (Source: Ross. Youth Values Project.)

Teenagers are more likely to have intercourse who:

have no college aspirations

are involved in a serious relationship with a partner

live in a single-parent household

feel alienated from parents

have weak religious beliefs.

(Source: Lewis and Lewis, The Parent's Guide to Teenage Sex and Pregnancy.)

Adolescent Pregnancy

Of all teenage pregnancies:

about two thirds are unintended

about 40% end in abortion

younger teenagers have higher rates of infant mortality, toxemia, anemia, prematurity, and low birth weight.

Adolescent parenting has several negative social consequences. Teenage parents:

tend to interrupt their education and thus limit their career choices

tend to have lower incomes

are more likely to become divorced, if they marry

tend to have larger families on lower incomes.

(Source: Teenage Pregnancy: The Problem That Hasn't Gone Away.)

Activity 12

WHAT WERE YOU TAUGHT?

Purpose: To help parents determine how they would like their child's sexuality education experience to be similar to or different from their own. To help instructor know and understand parents' expectations for the course.

Appropriate Target Group: Parents only.

Materials: "What Were You Taught?" cards (Teacher Resource), newsprint, magic markers, tape.

Time: 15–40 minutes.

Procedure: Divide participants into groups of four to five persons. Instruct each participant to select a "What Were You Taught" card that he or she feels comfortable discussing. Ask them to discuss their memories in their small groups. Afterwards, ask each group to appoint a recorder and to brainstorm responses to the following questions:

1. What do you want your child to learn in this class?

2. What do you hope that you and your child will gain from this class?

The recorder should write responses on newsprint and then share responses with the entire group.

Use this activity to lead into a presentation of course contents, both topics and activities. It will help you know and understand the parents' expectations of the course and may influence your choice of topics or level of detail.

Discussion Points:

1. How similar or different were your experiences?
2. Do you want your child to have similar or different sexuality education experiences?
3. Where do you differ and agree on what you want your children to learn?

Teacher Resource for Activity 12
"WHAT WERE YOU TAUGHT?" CARDS

Prepare index cards for several different topics using the following format:

What Were You Taught About...

SEXUAL INTERCOURSE? (or other topic*)

1. Who told you?
2. What were you told?
3. How old were you when you were told?
4. How did you feel about what you were told?
5. What do you want your child to know, feel, believe?

*Other topics include:

body changes (breast development, hair growth, voice change, etc.)

menstruation

nocturnal emissions

intercourse

pregnancy

childbirth

Prepare enough cards to give each group two complete sets, so that participants will have a variety of choices.

Activity 13

ANATOMY AND PHYSIOLOGY PRESENTATION

Purpose: To provide information about anatomy and physiology; to familiarize participants with words describing body parts; to help participants understand their own bodies.

Appropriate Target Group: All groups, but greater detail for adolescent groups.

Materials: Teacher Resource, blackboard, chalk, and if possible, a model, drawing, or slides of anatomical parts to refer to during presentation.

Time: 15-30 minutes.

Procedure: Convey the information in the manner that best suits your style of teaching. In general, we recommend the following guidelines, regardless of how you choose to present the material:

Write the names of body parts on the blackboard.

Encourage participants to ask questions. From time to time, ask the group questions.

Begin your presentation with a discussion of where the sex cells originate, then trace their path to the outside of the body. This order makes more sense to the class than jumping from one organ to another or starting at the penis or vagina and working backwards.

Present basic anatomy and physiology to all age groups. With younger groups, skip details and less important body parts; with older groups cover body parts in greater depth. Again, gear any presentation to the needs of the particular group.

Remember that the anatomy and physiology information may correct participants' (both children's and parents') misconceptions.

Present information about female anatomy and physiology, then refer to that presentation when explaining male anatomy and physiology. Participants often retain information better when the two systems are compared.

Give examples of everyday things that are about the same size as the organ you are discussing. (Examples have been included in the outline.)

Occasionally groups, especially those with preadolescents, appear to have difficulty absorbing the anatomy and physiology information. If they do, present the information on the female, do the female puzzle activity, and only then proceed with the male presentation.

Part I: Female

Ovaries

Appearance: Unshelled almonds, about the size of an adult's first thumb joint.

Location: In the abdomen.

Function: Produce the female sex hormones estrogen and progesterone. Store and release female reproductive cells called ova.

Detail: Each ovary contains 40 to 400 thousand premature reproductive cells. Only one functioning ovary is necessary for reproduction.

Ovum

Appearance: The point of a pin.

Location: Inside the ovaries.

Function: Develops into baby if fertilized.

Detail: People commonly refer to it as an "egg."

Female infants are born with a lifetime supply of ova. Beginning in puberty, one ovum is released approximately once a month. Generally, each ovary releases an ovum once every other month. If the ovum is not fertilized, it is sloughed off during menstruation.

Fallopian Tube

Appearance: 4 or 5-inch drinking straw.

Location: One immediately to the right of the left ovary and one to the left of the right ovary.

Function: Provides a passageway for the ovum from the ovary to the uterus; provides the needed environment for fertilization.

Detail: During sterilization, these tubes are severed to prevent the ovum from passing to the uterus.

Fibria

Appearance: Fringe, fingerlike.

Location: At the end of each fallopian tube, next to the ovary.

Function: Appear to draw ova from the ovaries into the fallopian tubes.

Uterus

Appearance: Upside-down pear, the size of a woman's fist (about 3 inches long, 2 inches across at widest point).

Location: Between fallopian tubes.

Function: Holds menstrual fluids. Houses and nurtures the developing fetus.

Detail: Is commonly referred to as the "womb." The inner layer of the uterus thickens in preparation for pregnancy. If unneeded to nurture a growing fetus, the lining separates and is discharged as menstrual flow. During pregnancy, the uterus stretches with the growing fetus, placenta, and amniotic fluid.

The uterus is attached to ligaments and is mobile.

Cervix

Appearance: Tip of a nose with a small hole in it, a life-saver with a small hole.

Location: Neck of the uterus blocking the vagina at upper end.

Function: Allows menstrual flow to pass from the uterus into the vagina. Opens during childbirth and allows the baby to come out.

Vagina

Appearance: About 3-1/2 inch long muscular tube which is ordinarily collapsed.

Location: Positioned between the bladder and the rectum.

Function: Provides a passageway for the menstrual flow; is a receptacle for the penis during sexual intercourse; provides a passageway during the birth of a baby from the uterus to outside of body.

Detail: Hosts a variety of organisms which keep it clean and healthy. Can adjust to the size of a tampon or of a baby being delivered.

Hymen

Appearance: Thin fold of skin which partially covers the vagina.

Location: Outside opening of the vagina.

Function: Serves little purpose except to decrease possibility of infection in young girls.

Detail: An intact hymen used to be viewed as an indication of virginity. Today most young women break or stretch their hymens as a result of tampon use or

strenuous exercise. If unstretched, the hymen may cause pain during first acts of intercourse.

Note: For younger groups, the following information can be presented more simply. The vulva consists of the skin folds or lips which surround the vaginal opening and clitoris. All are highly sensitive to touch and retain scent-gland secretions.

Mons Veneris

Appearance: Rounded, hair-covered, fatty cushion.

Location: Over pubic bone.

Function: Pubic hair on the mons veneris traps scent-gland secretions that may be erotically stimulating. Nerve endings concentrated in mons area produce pleasurable feelings.

Labia Majora (Outer Lips)

Appearance: Hair-covered fatty folds (lips).

Location: Either side of vaginal opening.

Function: Also retain scent-gland secretions.

Labia Minora (Inner Lips)

Appearance: Small, thin, fleshy lips.

Location: Inside labia majora framing vaginal opening.

Function: Form a hood for the clitoris.

Detail: The folds of skin which form the labia minora have numerous nerve endings which make them very sensitive.

Clitoris

Appearance: Small organ 1/4 to over 1 inch in length.

Location: In front of the opening of the urethra.

Function: Produces sexual excitement when touched during sexual activity.

Part 2: Male

Scrotum

Appearance: An external sac, darker skinned, and hair covered.

Location: Lies between the upper thighs just under the penis.

Function: Contains the testes (testicles) and regulates their temperature.

Detail: Their size varies with changes in temperature, sexual arousal, emotion, and exercise.

Testicles

Appearance: Two separate almond-shaped masses each 1-1/2 to 2 inches long, 1 inch wide, weighing about half an ounce.

Location: Loosely attached inside the scrotum.

Function: Produce male hormone (testosterone). Produce millions of male sex cells (sperm).

Detail: The interior of each testicle is a system of tubules (thread-like structures) where sperm are produced and stored. One testicle often hangs a little lower than the other.

Sperm

Appearance: A pear-shaped structure with a tail (tadpole).

Origin: Testicles.

Function: Fertilize female eggs and allow them to mature into babies. Contributes half of the chromosomes needed to produce a human being and determines its sex.

Note: For younger groups, the descriptions for epididymis, seminal vesicles, and cowper's gland can be presented more simply. You can describe them as a series of tubes and sacs which store and transport sperm and other fluids produced by reproductive glands.

Epididymis

Appearance: A c-shaped structure which fits around the back of each testicle. Each is a long (20 feet), convoluted tube.

Location: Over each testicle.

Function: Removes damaged sperm and cells. Serves as an organ where sperm ripen, increasing their fertilizing capacity.

Vas Deferens

Appearance: A pair of firm, cylindrical tubes each about 14 inches long, made of smooth muscle. They enlarge at the upper section ending in a duct and look like a half-cooked strand of spaghetti.

Location: Extends from the testicle into the abdominal cavity, around the back of the bladder to the prostate gland.

Function: Stores and provides a passageway for sperm.

Detail: Muscle contractions in the vas deferens help sperm move through the tube. These tubes are cut and tied during sterilization (vasectomy) to block the passage of sperm.

Seminal Vesicles

Appearance: A pair of 2-inch long sacs.

Location: Alongside the upper, enlarged portion of the vas deferens connected to the prostate gland.

Function: Produces part of the ejaculate that nourishes the sperm and allows them to become mobile.

Prostate Gland

Appearance: A structure the size of a large chestnut. They are composed of smooth muscle fibers and glandular tissue. The ejaculatory ducts and urethra pass through this gland.

Location: Below the bladder.

Function: Produces a milky white fluid that mixes with sperm to form semen. Secretes small amounts of fluid into the urethra -- fluid that is visible before ejaculation, contains sperm, and can impregnate. Upon ejaculation, about a teaspoon of this fluid containing 150-600 million sperm is released.

Cowper's Gland

Appearance: A pair of pea-size structures.

Location: Below the prostate gland, on either side of the urethra.

Function: Secretes a clear, sticky fluid during sexual arousal.

Detail: The fluid neutralizes the acid in the urethra in preparation for the passage of sperm and may contain sperm from a prior ejaculation.

Urethra

Appearance: A narrow tube about 9 inches long.

Location: Extends from the bladder through the penis.

Function: Conducts urine and semen.

Penis

Appearance: A cylindrical structure filled with nerves and blood vessels and covered with loose fitting skin. It is composed of spongy masses which, when filled with blood, cause it to become erect.

Location: Lower portion of pelvis.

Function: Provides sexual excitement and makes intercourse possible. Contains the urethra.

Detail: The smooth rounded head, the glans, is richly endowed with nerves. In circumcision, the foreskin of the penis is removed for religious or hygienic reasons.

Activity 14

FILM: PUBERTY AND REPRODUCTION

Purpose: To review the physical and emotional changes of puberty and basic reproductive anatomy and physiology.

Materials: 16mm projector and film:
"Human Growth III" [Perennial Films] or
"Then One Year" [Churchill].

Appropriate Target Group: All groups.

Time: 20-40 minutes.

Procedure: Introduce the film: "Today we are going to see a film that will show the physical and emotional changes of puberty and reproductive anatomy and physiology."

Ask participants if they need clarification of any of the facts presented in the film.

Discussion Points:

1. What are the physical changes of puberty for girls? For boys?
2. What are some of the emotional changes that girls experience during puberty? That boys experience?
3. Do you think either sex has a more difficult time during adolescence?
4. Do you have any questions about male or female anatomy and physiology?
5. How would you respond to the questions at the end of the film?

Activity 15

ANATOMY AND PHYSIOLOGY PUZZLES

Purpose: To review and reinforce information presented on female and male anatomy and physiology; to help participants become more comfortable discussing anatomy and physiology.

Appropriate Target Group: All groups.

Material: Large puzzles of female and male reproductive anatomy. These puzzles are easy to make with an overhead projector and transparency. Project a large outline onto a posterboard; trace the outline; highlight the tracing with a bright color; then cut pieces out to make the puzzle. Note: Before using this activity, assemble the puzzles yourself to be sure all the pieces fit together correctly.

Time: 15-30 minutes.

Procedure: Instruct parents to pair off with their children. Then divide the pairs into two groups. Provide each group with one male and one female anatomy puzzle. Ask participants to name the parts and their functions.

If a group is having trouble, give them a puzzle that is already assembled to refer to while they work.

Discussion Points:

1. Was it harder to assemble the female puzzle or the male?
2. Which parts were hardest to remember?
3. How did you feel doing this activity?

Activity 16

MALE/FEMALE/INDIVIDUAL DIFFERENCES PRESENTATION

Purpose: To help participants understand general differences between the sexes; to help parents and children understand the uniqueness of each individual's development; to help children anticipate changes.

Appropriate Target Group: All groups.

Materials: Blackboard and chalk, Teacher Resource.

Time: 15-20 minutes.

Procedure: Convey the information in the manner that bests suits your style of teaching. As always, focus on changes and differences that are relevant to the particular children in the class. Stress that individuals develop at their own pace and in their own unique way. At the same time, convey the common concerns pubescent children experience about what is "normal."

If you have more than one facilitator, you may find it useful to divide the group into parents and children during the discussion period.

Discussion Points:

1. Have you noticed developmental differences between boys and girls at your age? Have girls developed first? Are boys becoming taller?
2. Are there any differences we haven't already discussed that deserve mention?

Introduction

In general, men's and women's bodies differ in other areas than genitalia and reproductive organs. However, in any discussion of body differences, a caveat is in order: "The nonreproductive physical sex differences that become established at puberty can be meaningfully expressed only as averages for large populations, and there is much overlap between the two sexes: There are many women who are taller, heavier, and more muscular, and have longer forearms, higher exercise tolerance, and so on, than the average man. If shoulder and hip measurements alone were used to classify adults, 10% would be assigned the wrong classification. If only the ratio of trunk length to leg length were used, 6% would be misclassified. The only way in which men and women are normally unique is in reproductive function." (Katchadourian, 1977, p. 49.)

Height

Males: Are taller than female by about 6%.

Females: Have a growth spurt that precedes the male growth spurt.

Concern: The first girls and the last boys to experience a growth spurt may experience social difficulties. By the end of high school, the differences in height tend to lessen and reflect differences in the population overall.

Weight

Males: Are heavier than females by 20-25%. Most boys experience a fatty period at the onset of puberty.

Females: Begin gaining weight before males.

Concern: Some adolescents hide behind fat. Being fat may reduce male/female interaction and may contribute to low self esteem. Weight problems occur more frequently among women, particularly those who are not physically active.

Facial Features

Males: Have a more pronounced, heavier brow; a squarer jaw; a bigger nose, bigger ears, and bigger teeth; and a longer face.

Females: Have more delicate features; a rounder and broader face; and eyes set farther apart.

Concern: Facial features generally do not grow in synchrony. Many adolescents' noses grow before the rest of their face. Over the years, the rest of the face catches up.

Facial Hair

Males: Facial hair begins at the corner of the upper lip and spreads to form a mustache. Later it appears on the upper part of cheeks and the area under the lower lip, spreads to the sides and lower border of chin, and finally to the remaining lower face. It grows throughout adult life.

Females: Usually have faint facial hair, but it is not as dark or thick as male facial hair.

Concerns: For males, 2 or 3 or more years pass between the appearance of fuzz on the upper lip and growth of an adult beard. Many boys do not grow a full adult beard until late adolescence.

Females sometimes grow excess facial hair due to excessive secretions of adrenal glands. Many women grow darker hair over their upper lip and on their chin. Some don't mind such hair; others dye it blonde or remove it with electrolysis treatments.

Body Hair

Males: Have more evident and heavier body hair, particularly on chest and arms.

Females: Have lighter and fainter body hair.

Concerns: Individuals vary greatly in their amount of hair. Some men have hair covering their chest, abdomen, and back; others have little. Women also vary in what they find attractive. Some women are attracted to men with a lot of body hair; others, to men with little body hair.

Many women have hair around their nipples and navels; some have dark hair on their lower backs and more hair between the pubic hair and the navel. Women who are uncomfortable with such hair may bleach it or remove it by electrolysis. Tweezing and shaving cause hair to grow back coarser, and frequently ingrown hair can cause minor infections.

Breasts

Males: Generally have rudimentary breasts compared to women. Men who are heavy or who lift weights may have larger breasts. Hormonal imbalances may also cause larger breasts.

Females: Generally have larger breasts with well-developed nipples and surrounding rings (areolae). Breast size varies greatly as does the rate of breast development.

Concerns: Some women feel their breasts are too large or too small. Men vary in what they find attractive; some prefer large breasts, others prefer small breasts.

Weight gain or loss can affect breast size.

Many adolescent males have a temporary period of breast enlargement (fatty tissue growth) which lasts from 1-3 years, and usually disappears at maturity.

Muscles

Males: Generally have bigger, better developed, and more obvious muscles than females have. Muscle cells increase 14-fold during adolescence.

Females: Have smaller muscles that are often concealed by 1/4" layer of fat, giving females a softer feeling. Muscle cells increase 10-fold during adolescence.

Concern: Both males and females can increase muscle size and definition by exercise and body building.

Hands and Feet

Males: Have larger, heavier, stronger, and more blunt fingers and toes.

Females: Have smaller and more pointed fingers and toes.

Concern: Hands and feet tend to grow faster than other parts of the body. Thus, some young adolescents feel gangly or awkward. Again, the body usually catches up in time.

Center of Gravity

Males: Have a higher center of gravity.

Females: Have a lower center of gravity.

Activity: Put a chair against a wall. Have a participant face the chair, place his or her head against the wall, then try to pick up the chair, keeping both feet flat on the floor. Females can usually rise to an upright position while holding the chair; most males cannot. It is best if participants are barefoot, because heels on shoes throw off the center of gravity.

Activity 17
BODY CHANGES PRESENTATION

Purpose: To help parents and children understand changes the children are already experiencing or can anticipate.

Appropriate Target Group: Preadolescent groups.

Materials: Blackboard and chalk or handout.

Time: 15 minutes.

Procedure: The presentation on anatomy and sex differences (Activity 16) will provide enough background material for some groups; if so, simply distribute the handout and ask participants to discuss it. Stress that while the presentation suggests stages, each child's development is unique and certain changes occur in tandem.

Discussion Points:

1. Were there any signs of puberty that surprised you?
2. Boys: Have you noticed any changes in girls your age? Do you discuss it, ignore it, or joke about it?
3. Girls: Have you noticed any changes in boys your age? If yes, how do you react? If no, how do you behave towards boys who are not developing as quickly as you are?
4. Parents: Did you develop in this or some other sequence? How are you handling the changes in your children?

Handout for Activity 17
SIGNS OF ADULTHOOD

Each individual develops at his or her own unique rate. The first outward signs of puberty usually appear in girls sometime between the ages of 8 and 13, in boys, sometime between 10 and 15, but can occur either earlier or later.

Males usually develop more slowly and over a longer period of time than females develop.

Growth occurs in the following general sequence with some organs and body parts changing simultaneously.

Sequence of Pubertal Changes: Female

Ovaries and uterus grow.

Breast buds develop.

Pelvis begins to widen gradually.

Soft, downy pubic hair appears.

Breasts develop further.

Height increases rapidly.

Pubic hair darkens, curls, coarsens, and thickens.

Menstruation begins.

Breasts develop further.

Underarm hair appears.

Pubic hair appears much like that of adults.

Sweat glands develop.

Pelvis broadens.

External genitalia grow.

Female fat pads grow.

Ovulation becomes more regular.

Sequence of Pubertal Changes: Male

"Lumpy" breasts and fat appear.

Height increases rapidly.

Chest area grows larger.

Penis and scrotum become larger; scrotum wrinkles and darkens.

Long, downy hair grows near base of penis.

Erections begin to occur spontaneously.

Genitals grow rapidly.

Pubic hair appears; underarm hair follows 6 months later.

Hair at the corner of the lips darkens.

Testicles produce sperm.

Voice deepens and may crack.

Height increases suddenly.

Nocturnal emissions begin.

Pubic hair becomes fairly dense and darker.

Hair on arms and legs becomes denser.

Voice deepens noticeably.

Muscles develop.

Some hair grows on chest.

Body form becomes more firm.

Activity 18

FILMSTRIP: THERE'S A NEW YOU COMIN' — FOR GIRLS

Purpose: To introduce participants to facts and feelings about female maturation.

Appropriate Target Group: Mother/daughter adolescent groups.

Materials: Filmstrip projector, tape recorder, screen, extension cord, adapter plug, filmstrip:
"There's a New You Comin' — For Girls" [Marshfilm Enterprises, Inc.]

Time: 15-40 minutes.

Procedure: Use the filmstrip as an introduction to the presentation on menstruation.

Discussion Points:

1. Mothers: What did you learn about menstruation when you were growing up?
2. What concerns did you have at that time?
3. Why might menstruation be a difficult topic to discuss?
4. What feelings might a woman have about not menstruating?
5. Do you think women are at a disadvantage because they menstruate?
6. Does menstruation prevent women from being able to manage stressful jobs such as corporation president or President of the United States?

Activity 19

BODY CHANGES SPINNER

Purpose: To reinforce information provided on body changes and to explore feelings related to these changes.

Appropriate Target Group: Mother/daughter preadolescent groups.

Materials: Paper plate spinners. To make a spinner, draw lines on a paper plate dividing it into pieces like the cuts of a pie. Write a question (such as those in Teacher Resource for Activity 20) in each "pie wedge." Attach a movable cardboard arrow in the center; make sure the arrow spins easily.

Time: 5-10 minutes.

Procedure: Provide groups of three to eight people with spinners. Instruct them to take turns spinning and then answering the question indicated by the arrow. If an individual cannot answer a question, have someone else in the group try to answer it. Leave time at the end of the exercise to answer any questions that were still confusing.

Discussion Points:

1. Mothers: What memories do you have about puberty?
2. Mothers: How did you feel about starting your period?
3. Mothers: Were you an early or late developer?
4. Daughters: How many of you have noticed any signs of puberty?
5. Mothers: How do you feel about this?
6. Do you have any questions you would like answered?

Activity 20

BALLOON RACE

Purpose: To serve as an icebreaker or to review and reinforce factual information presented up to now.

Appropriate Target Group: All groups.

Materials: Slips of paper with types questions inserted in balloons. See Teacher Resource for sample questions.

Time: 15 minutes.

Procedure: Divide the group into two teams -- one team composed of parents, the other composed of children. Provide each individual with a deflated balloon in which you have previously inserted a question. When the race begins, the first individual in each team will blow up a balloon, pop it, and read and answer the inserted question. When that individual has answered the question, the next team member can begin to blow up his or her balloon. If any individual cannot answer a question correctly, any team member can help. If no one on a team knows the answer, the next team player can begin anyway. The teams race each other to see who finishes first. Gear the questions to the appropriate level for the group.

When the race is over, review the troublesome questions.

Discussion Points:

1. Did you have fun?
2. Did you learn any new facts? If so, what?

Teacher Resource for Activity 20

BALLOON RACE SAMPLE QUESTIONS

1. How soon after the first signs of puberty does a girl usually have her first period?
2. True or false: Boys usually experience their first ejaculation between the ages of 11 and 15.
3. True or false: Boys usually enter puberty about 1 year after girls go.
4. The thing I like most about being female/male is _____.
5. What is circumcision?
6. What works as a thermostat to keep the testes cooler than the body?
7. What is another name for a woman's uterus?
8. True or false: A boy's voice starts to change when he is about 13 or 14 years old.
9. If you could see a sperm under a microscope, what would it look like?
10. What do ovaries do in women?
11. Where does the sperm meet the egg?
12. What is the name for a woman's monthly blood flow?
13. Which determines what sex the baby will be: the sperm or the egg?
14. Where are the sperm made?
15. What is the woman's sex cell called?
16. True or false: A boy usually starts to mature when he is between 12 and 14 years old.
17. List two signs that show a boy is growing up.
18. True or false: Erections can happen for reasons not related to sex.
19. How often does a woman menstruate?
20. Describe what a wet dream or nocturnal emission is.
21. True or false: Most boys and girls masturbate sometimes while growing up.
22. True or false: Males often have erections when they wake in the morning.

Mother/Daughter Groups

23. Is it common for girls or women to be "sensitive" or "moody" right before their periods?

24. Is it OK to exercise during your period?

25. What is the average age for a girl to begin having menstrual periods?

26. At what time in the menstrual cycle does a girl or woman ovulate (release an egg)?

27. What is the name of the gland at the base of the brain that controls hormone production?

28. At what time during the menstrual cycle can fertilization begin?

29. The menstrual fluid leaves the body through a passageway called the _____.

30. True or false: Most girls have periods for a year or more before their periods become regular.

31. Is it OK to bathe or shower while having a menstrual period?

32. True or false: Menstrual flow usually lasts about 4 days, but periods as short as 3 days and as long as 7 are normal.

33. Eggs are stored and mature in the _____.

34. The eggs from the ovaries travel through passageways called _____ on their way to the uterus.

35. True or false: Once a month an egg ripens and is released from the ovary. This process is called ovulation.

36. What is the proper way for a girl to wipe after using the toilet?

37. Is it normal for a woman to have a vaginal discharge?

Activity 21

ADOLESCENT DEVELOPMENT

Purpose: To present theories about the developmental stages of adolescence.

Appropriate Target Group: Adolescent groups or parents only.

Materials: Teacher Resource, blackboard, or newsprint and magic marker.

Time: 15-25 minutes.

Procedure: Explain to participants that adolescence is probably one of the most difficult stages for both parents and children. Ask the group: "What issues do you think you are grappling with as you begin the transition from childhood to adulthood?" Describe the developmental tasks of adolescence. (See Teacher Resource.)

Discussion Points:

1. Adolescents: Do you recognize any of these issues in your life now?
2. Parents: Do you think your child has begun to grapple with any of these issues?
3. How do you react to your child's new behavior?
4. How can adults help adolescents resolve these tasks successfully?

Teacher Resource for Activity 21

DEVELOPMENTAL TASKS OF ADOLESCENCE

Independence

Adolescents strive to become less dependent on parents. They shift from parents to peers or to belief systems in order to achieve independence. This shift is strong and may involve rebellion. The child may demonstrate ambivalence; that is, she or he may act like a dependent child one day and demand to be treated like and adult the next.

Identity

Adolescents struggle to define themselves and what they want to accomplish. They are answering the questions "Who am I? What can I be?" This process involves experimenting. Adolescents need to develop sex role identity, a positive body image, and a sense of esteem and competence.

Intimacy

This is a time of preparation for loving relationships. Adolescents are learning to express and manage emotions. They are developing the capacity to love, to be loved, and to be intimate in relationships with others.

Integrity

Adolescents must develop a foundation for sorting out values. Parents have provided a basis for this. However, there is a tremendous amount of other input at this time, especially their peers, school, and the media. Adolescents are deciding what to believe in and how to behave.

Intellect

Adolescents' intellectual capacities are increasing; they are moving beyond the concrete thinking characteristic of childhood to more sophisticated, abstract thinking. Many adolescents become capable of conceptual thinking and of understanding logic and deductive reasoning. This increased ability may heighten self-esteem. At the same time, some adolescents tend to overvalue their intellectual theories and see things from an unrealistic point of view.

Activity 22
FILM: DEAR DIARY

Purpose: To help mothers and daughters become aware of some of the social and psychological issues related to physical development.

Appropriate Target Group: Mother/daughter preadolescent groups.

Materials: 16mm projector, film:
"Dear Diary" [New Day Films].

Time: 30-40 minutes.

Procedure: Introduce the film and show it. Afterwards, discuss the following points.

Discussion Points:

1. What did you think about the film?
2. Were the characters realistic?
3. Do you or did you every worry about the things that the girls in the film worried about?
4. If so, where do you get answers?
5. If not, what concerns did or do you have about puberty, menstruation, boys, etc.?
6. What is it like to have your friends pressure you to grow up faster?

Activity 23

FEMININE HEALTH AND HYGIENE PRESENTATION

Purpose: To provide information about normal female functioning and ways to detect and prevent problems related to female hygiene.

Appropriate Target Group: Mother/daughter groups.

Materials: Teacher Resource, blackboard, and chalk.

Time: 20-45 minutes.

Procedure: Convey the information in the manner that best suits your style of teaching. Preadolescent girls usually need information only on feminine hygiene and on distinguishing between normal and abnormal discharge. Adolescent girls need more detailed information -- information on infections, douching, breast self-examination, and annual pelvic examination and pap smear. You may want to postpone discussion until after showing the film "Something Very Special."

Mention the many myths about the female genitals: they smell like fish, the vagina is an endless tunnel; blood passing through the vagina makes it dirty. Discuss participants' reactions to these myths. Stress that female genitals are a special part of a woman's body and don't smell when free of infection. Encourage positive attitudes toward their bodies and genitals.

Discussion Points:

1. What do you think about all of this information?
2. Will you be able to follow our advice about hygiene and health -- specifically, wearing cotton underwear, avoiding tight pants, examining your own breasts?
3. Mothers: How have you felt about pelvic examinations? (Discuss both positive and negative feelings.)
4. Why are some women nervous about examinations?
5. What qualities in a physician are important to look for to help make you comfortable?
6. Do you prefer a male or female physician? Why?
7. How do women feel about breast self-examination?
8. How can a woman include breast self-examination as a monthly routine?

Normal Vaginal Discharge

Beginning at puberty, all women have a certain amount of clear or cloudy discharge that may dry to a yellowish color on underclothes and has a mild odor. This normal discharge is created when droplets of mucus are secreted by glands near the cervix. The mucus cleans and moistens the vagina and helps protect the uterus from infection. Normally, a woman's discharge is heavier just before and after her period; in the middle of her menstrual cycle; when she is sexually excited, uptight, or nervous; when she is taking antibiotics or birth control pills; and when she is pregnant.

Vaginal Infections

When her vagina becomes infected, a woman can usually notice a change in her vaginal discharge. (Note: These symptoms can also be a sign of a sexually transmitted disease.)

Symptoms appearing in discharge:
Constant, heavy discharge
Foul odor
Change in color -- discharge becomes greenish, greyish, or bloody
Clumpy, curdy discharge -- like cottage cheese

Other signs:
Itching and/or burning around the entrance to the vagina
Painful intercourse
Chills or fever
Abdominal pain or cramping
Blisters, sores, or warts near the vaginal opening
Burning during urination
Unusual bleeding, especially after intercourse

Treatment: When a woman experiences any of these symptoms, she should visit her doctor or clinic. When they diagnose the specific type of infection, they will probably prescribe oral medication or vaginal cream.

Complications: Sometimes bacteria from the vagina move into the urethra and up into the bladder. Frequent urination and burning with urination are symptoms of a bladder infection and should be reported to the doctor.

Prevention: Infections are common problems for women, but are often preventable.

- Many women find that they have trouble with infections when their overall health is poor. Eat nutritious food; get enough rest, and exercise

regularly for good health.

- Since germs thrive in warm, moist places, keeping clean and dry is important. Bathe or shower daily and wear cotton underpants.
- Spreading bacteria from fecal material is a common source of vaginal infection. Always wipe from front to back after using the toilet.
- Avoid pantyhose, nylon underwear, tight-fitting slacks, and irritating chemicals such as douching products, bubble baths, hygiene sprays, and deodorized tampons. Nondeodorized tampons are okay.

Douching

Some women cleanse the inside of the vagina with liquid by using a douche bag (looks like a hot water bottle that has a tube and a nozzle on the end). Ordinarily, douching is not recommended because it washes away the natural bacteria in the vagina. However, some women like to douche, especially after menstruation, because they feel it makes them cleaner; some use douching to treat vaginal infection. Consult your gynecologist for advice. (Adolescent girls often want and need more specific information regarding douching. If you wish, display different types of douche equipment.)

- Never douche more than twice a week unless on advice from doctor.
- Douche while lying down in the bathtub.
- Use warm, not hot or cold water.
- Hold the douche bag no higher than 12 inches above the pelvis.
- Begin the flow of water before introducing the nozzle to the vagina.
- Use one of the following douche recipes: to 1 quart of warm water, add 1 teaspoon soda, 1 teaspoon salt, or 3 tablespoons of vinegar.

Preventive Health Care

Pelvic exam: A routine, yearly examination of a woman's reproductive and sex organs to determine if they are healthy and normal, and to check for sores, growths, or signs of infection.

The pelvic exam begins with an inspection of the outer skin folds, lips, and pubic hair. To visually check the vaginal lining, cervix, and lower portion of the uterus, the medical practitioner uses a speculum, a plastic or metal instrument that spreads apart the walls of the vagina. The ovaries and uterus are further checked by a bi-annual exam.

Pelvic exams should not be painful; if there is any pain, it is a signal that something is wrong. The more relaxed the woman, the easier the procedure. A woman can expect a sensitive medical practitioner to take enough time to help her relax and to explain what is coming next.

Pap smear: A screening method for cancer.

During the pelvic exam, while the speculum is in the vagina, the medical practitioner inserts a small wooden pap stick into the vagina and gently circles the cervical os, collecting a sample of discarded cervical cells. The cell sample is placed on a slide and inspected under a microscope for signs of change or abnormality.

Breast self-examination: Inspecting one's own breasts for abnormal lumps or dimples or discharge from the nipples.

Every woman, from the time of puberty, should examine her own breasts on a regular basis -- at the same point during each menstrual cycle -- so she becomes familiar with the size, shape, contours, and normal lumps of her own breasts. This familiarity will enable her to recognize when changes occur.

- Stand in front of a mirror and look at each breast with your arms at your side and then with them over your head.
- Check for any changes in the size or contour of each breast and nipple, and for puckers or dimples. Unusual breast lumps can be detected by feeling with your hands while either lying down or taking a shower.
- It is important to touch all parts of the breast beginning with the tail, located in the underarm region, to the nipple. Think of the breast as divided into four quarters, then feel each quarter for lumps or masses. Or move your hand through a series of concentric circles beginning at the outer limits, working in toward the nipple.
- Finally, squeeze the nipple to check for discharge. If you are not pregnant or lactating, there will be no discharge.
- Remember that breasts can be lumpy. Examine yourself regularly so you will recognize when changes occur.
- Try to do the exam at the same point in your menstrual cycle. Breasts change during the cycle; they are least swollen and, therefore, most amenable to examination immediately after a menstrual period.

Activity 24

FILM: SOMETHING VERY SPECIAL

Purpose: To introduce or review information on female health and hygiene.

Appropriate Target Group: Mother/daughter adolescent groups.

Materials: 16mm projector, screen, film:
"Something Very Special" [American Cancer Society].

Time: 15-20 minutes.

Procedure: After presenting basic information on feminine health and hygiene, introduce this film as providing additional information that is important for adolescents.

Discussion Points:

1. See discussion points, Activity 23.
2. Encourage additional questions and discussion.

Activity 25

MENSTRUATION PRESENTATION

Purpose: To encourage mother/daughter conversations about menstruation; to provide information to women to help them understand their own body functions; to help men understand women's experiences.

Appropriate Target Group: All groups.

Materials: Teacher Resource, flip chart on menstruation.

Time: 20-35 minutes for mother/daughter classes, 10-20 minutes for father/son courses.

Procedure: Convey the information in the manner that best suits your style of teaching. Focus on the changes and differences most appropriate for the children participating in the particular class. Older groups will probably want more information than younger ones; boys may not show as much interest in the details as girls show.

If possible, use a chart to help participants understand this complex material.

Stress that each individual develops at her own pace and in her own unique way. At the same time, convey the common concerns pubescent children experience. If you are teaching with a cofacilitator, it may be useful to divide into separate groups of parents and children during the discussion period.

Discussion Points:

1. Mothers: What did you learn about menstruation when you were growing up?
2. What concerns did you have at that time?
3. Why might menstruation be a difficult topic to discuss?
4. What feelings might a woman have about not menstruating?
5. Do you think women are at a disadvantage because they menstruate?
6. Does menstruation prevent women from being able to manage stressful jobs such as corporation president or President of the United States?

The Process of Menstruation

Pituitary gland: At puberty, the pituitary gland, located at the base of the brain, sends a message (hormone) to the ovaries to start producing other hormones. These hormones regulate the menstrual cycle.

Ovaries: Once a month, an egg ripens and is released from the ovary. This is called ovulation.

Uterus: In preparation for a fertilized egg, the uterus builds up a thickened lining made up of blood, tissue, and nutrients, which can nourish the fertilized egg. If the egg is not fertilized, this lining is not needed and is shed through the vagina during menstruation.

Pregnancy: In most cases, menstruation ceases during pregnancy. However, some women have a brief period after becoming pregnant. The tissue and blood that usually form the menstrual flow now provides nourishment to the developing fetus. Because the woman is pregnant, the pituitary gland does not send the message for ovulation to occur.

Common Experiences

All women have periods between puberty (ages 9-16) and menopause (ages 45-55) unless they have had a complete hysterectomy.

Cycles last approximately 28 days, with great variation among individual women. Some women have regular cycles as short as 21 days or as long as 34 days; others have periods at irregular intervals.

Periods last from 3 to 7 days.

The approximately 1/2 cup of menstrual discharge consists of 4-6 tablespoons of blood, some fluid and mucous membrane.

Menstrual distress varies.

Some women experience cramps before and during their periods. Cramps are caused by the tightening and relaxing of muscles around the uterus. Cramps can be treated with nonprescription and prescription drugs.

Other premenstrual symptoms include bloating; pimples; feeling irritable, sensitive, or tired; tender breasts; constipation.

Menstrual hygiene requires changing pads or tampons three to six times a day, depending on the flow.

Activity 26

FACT/FEELING SPINNER

Purpose: To explore feelings related to feminine health and hygiene. To review and reinforce information provided in presentations.

Appropriate Target Group: Mother/daughter adolescent groups.

Materials: Fact/Feeling Spinner and questions on red and blue (or other color) index cards. For questions, see the Teacher Resource. To make a spinner, draw lines on a paper plate, dividing it into pieces like the cuts of a pie. Color half of the "pie wedges" red, half blue. Attach a movable cardboard arrow in the center; make sure the arrow spins easily.

Time: 15-20 minutes.

Procedure: Divide into groups of four to six; provide a spinner and set of index cards to each group. Participants should take turns spinning the arrow and drawing a card that matches the color where the arrow stops. If a participant does not want to answer the particular question she has drawn, she should put the question at the bottom of the pile and draw again. Encourage participants to answer all of the questions, but also make it clear that no one has to answer a question.

Discussion Points:

1. Which questions were easier to answer -- fact or feeling?
2. Do you have any additional questions?

Teacher Resource for Activity 26
FACT/FEELING CARDS

Red Cards - Feelings

What do you think is the best way to prevent sexually transmitted disease?

What would you tell a friend of yours if she told you she had a vaginal infection?

How do you feel about examining your own breasts?

How do you feel about guys knowing that you have/will have periods?

With whom do you feel more comfortable talking about periods? Why do you think that is so?

Do you like your body?

When I have/had my first pelvic examination, I will feel/felt _____.

Which do you think is better to use during a period -- sanitary napkins or tampons?

How do you think your mother feels/felt about pelvic examinations?

What would you be most concerned about if you thought you had a vaginal infection?

How do you feel about touching your vagina? Reaching inside it for a tampon?

If you could change something about your body, what would it be?

Do you feel comfortable asking your doctor questions?

Do you like or dislike the idea of having periods?

Blue Cards - Facts

What are two common types of sexually transmitted disease?

What do most experts say about douching? Why?

What should you do if you think you might have a sexually transmitted disease?

What are some other words that people use for menstrual period?

True or false: Most girls are capable of getting pregnant as soon as they start having periods.

When examining your own breasts, the first step is to look at yourself in a mirror. What are you looking for?

True or false: A breast self-examination is done most easily just after a woman's menstrual period.

When should a woman start having a yearly pelvic examination and pap smear?

What is the pap smear test for?

True or false: During a pelvic exam, the doctor examines the size, texture, position, and shape of the uterus, ovaries, and fallopian tubes and checks to be sure everything is okay.

In what part of her cycle does a woman usually release an egg (ovulate)?

What are the "normal" lumps and bumps that you feel when you examine your breasts?

What is the name of the instrument the doctor uses to examine the vagina?

When is the first day of a woman's menstrual cycle?

Is it common for teenage girls to have irregular periods?

Activity 27

FILM: AM I NORMAL?

Purpose: To introduce male health and hygiene; to make fathers and sons aware of some of the social and psychological issues related to the physical development of a male.

Appropriate Target Group: Father/son preadolescent groups.

Materials: 16mm projector, film:
"Am I Normal?" [New Day Films].

Time: 30-40 minutes.

Procedure: Introduce and show the film. Discuss the following points.

Discussion Points:

1. What did you think of this film?
2. Were the characters realistic?
3. Do you know any boys like Tony? Why was it important for him to act like he already knew everything?
4. Do you know any boys like Jimmy? Is there anything else Jimmy could have done to get information?
5. Boys: Whom can you go to when you have questions like Jimmy's?
6. Do you have any questions that Jimmy didn't ask?

Activity 28

MASCULINE HEALTH AND HYGIENE PRESENTATION

Purpose: To provide information to help fathers and sons detect and prevent problems related to male sexual health; to help them understand normal body functioning.

Appropriate Target Group: Father/son groups.

Materials: Teacher Resource, blackboard and chalk. What's Happening to Me? (Mayle, P.).

Time: 20-40 minutes.

Procedure: Convey the information in the manner that best suits your style of teaching. Focus on the changes and differences most appropriate for the children participating in the particular class.

Stress that individuals develop at their own pace and in their own unique ways. At the same time, convey the common concerns pubescent children experience.

This presentation might appear awkward for a female group leader. Fathers, especially, may appear nervous about having a female instructor. However, some female teachers have found that bringing the issue out into the open and discussing it at the beginning of the course helps the group feel more comfortable. In some ways, having a female instructor for a father/son course can reinforce the view that these topics can be considered a part of "human" sexuality instead of strictly "man-to-man" sexuality.

If you are facilitating the course, it may be useful to divide into separate groups of parents and children during the discussion period.

Discussion Points:

1. Does anyone know what causes jock itch?
2. What do you recommend for treating it (cornstarch, powder, commercial remedies)?
3. Do you ever hear guys joke about penis size? How does this make guys feel?
4. What is it like to have a physical examination?

Care of Genital Area

Cleanliness: Wash penis and testicles daily and dry carefully. If uncircumcised, pull back skin to wash away odor-causing smegma (accumulated dirt, lint, and oily substances). Dry it completely; otherwise you risk chapping. Such chapping is not usually serious but can be quite uncomfortable. Male athletes' propensity for chapping has earned it the name "jock rash"; it can be treated by applying corn starch (obtained at the grocery store) or over-the-counter medications.

Athletic supporter: Also called a jockey strap, boys and men wear this elastic supporter to protect and support the penis and testicles during recreational activities. If you participate in competitive or contact sports (football, hockey, soccer, rugby), you can purchase at most sporting goods stores a plastic or fiberglass "cup" to insert or attach to your athletic supporter to give additional protection from injury.

Circumcision: The foreskin covering the glans of the penis is removed, usually when the boy is an infant. In the United States, 90% of all males are circumcised; in Europe only a small percentage are. Many people believed that circumcision would reduce the risk of infection by eliminating the overlapping skin. Current research indicates that regular bathing minimizes the risk of infection; now parents are increasingly concerned about the risk of damage to the penis during circumcision and the pain to the infant during the procedure and the period of healing.

All male Jewish infants are circumcised, many during a ritual ceremony called a Brit 8 days after birth.

In some primitive cultures, circumcision is a religious ritual marking the passage into manhood; in these areas, circumcision is delayed until puberty or later.

Show diagrams of circumcised and uncircumsized penises (optional).

Read: "Why is Mine Not Like His?" in What's Happening to Me? (optional).

Prevention

Testicular self exam: This simple, monthly, 5-minute self examination is the man's best hope for early detection of testicular cancer. The self exam is best done after a warm bath or shower, when the scrotum is most relaxed. Examine each testicle by gently rolling it between the thumb and index finger to check for any hard lumps. Most men will notice a ridge along the top and back portion of their testicles; this ridge is the edge of the epididymis, the part of the organ where sperm are stored and mature. If a lump or nodule appears, it may or may not be malignant and must be brought to your physician's attention promptly.

Male physical exam: During the male physical exam, the doctor inspects the genitals to determine if they have properly descended from their prenatal

position in the abdominal cavity into the scrotum. Undescended testicles are rare, but can result in sterility, so physicians generally attempt to bring them into the correct position surgically.

To check for the possibility of hernia, the physician asks the man to cough while the physician massages the scrotum and testicles to discover any weakness in the pelvic muscles. A hernia occurs when a piece of the intestines slips through the gap in the muscles and is pinched closed. One cause of hernias is the failure of the muscles in the genital area to grow together after the testicles have descended. Hernias are painful and require immediate medical attention; some must be surgically repaired. They are most likely to occur during strenuous activity and can happen any time in a male's life.

Sometimes doctors do a rectal exam to determine the size of the prostate gland. Physicians also massage this gland to obtain secretions that can be tested for gonorrhea.

Common Experiences

Erections: During an erection, the penis gets hard and stands out stiffly from the body. The penis has three spongy canals which fill with blood and make the penis larger and stiffer.

Erections start happening at birth and continue through old age; they are caused by:

- any sexual stimulation -- pictures, television, books, thoughts
- other common events -- lifting heavy loads, straining to move bowels, dreaming, exposure to cold, tight clothing, fright, excitement, riding fast, taking a shower, waking up with a full bladder
- nothing apparent, especially during puberty.

Erections are necessary for the penis to enter the vagina during intercourse.

Most penises are about the same size when erect. Thus, small penises enlarge more than large penises when they become erect.

Many men wonder if they will urinate during an erection. The spongy cells which fill with blood in the penis during erections extend into the body. When the penis is fully erect, the pressure of the congested blood causes muscles at the base of the bladder to tighten and seal the urethra. When the erection is over, the congestion of blood decreases, and only then do the muscles relax and allow the man to urinate. This process can be damaged or weakened by injury, surgery, or infection in the genital area.

Read: "What's an Erection?" from What's Happening to Me? (optional).

Ejaculations: When sexual stimulation and excitement increase to a certain level, a white milky globby fluid comes out of the penis, accompanied by a pleasurable feeling and overall relaxation. This ejaculation is sometimes called "coming" or "climaxing." Before puberty, a boy can "come" and will have a pleasurable feeling, but no fluid will come out of penis.

During ejaculation, muscles surrounding the base of the penis contract and relax and spurt semen through and out of the penis. This lasts 3-10 seconds; afterwards the penis gradually loses its erection.

One ejaculation consists of 150 to 600 million sperm in 1 teaspoon of fluid. The sperm can live inside a woman for 2-3 days, but shortly die when outside of the body. Some physicians say that sperm can live as long as 7 days.

A full erection is not necessary for ejaculation.

Ejaculations may occur during intercourse, masturbation, or wet dreams. However, boys can have erections without ejaculating.

Masturbation: Few topics are of greater concern than masturbation.

- Most men masturbate at some time.
- Masturbation is normal and causes no physical or emotional damage.

Common myths: masturbation causes blindness, insanity, weakness, excessive hair growth, warts, and juvenile delinquency.

Some religions oppose masturbation as personal gratification, considering it a moral weakness. Historically, opposition to masturbation may have derived from a misconception that men have a limited number of sperm and ejaculations. In Biblical times, people were concerned about ensuring high fertility and birth rates to counteract the short life span and high infant and child mortality rates. It was important to them that men not "waste" their seed.

Read "What's Masturbation" from What's Happening to Me? (optional).

Nocturnal emissions: Most men regularly get erections while sleeping, often coinciding with periods of dreaming (REM sleep). Occasionally the man will also ejaculate and may waken then or in the morning with wet clothes and bedding. Most men have had nocturnal emissions (wet dreams); they are especially common during early adolescence. Many boys become concerned that they are wetting the bed and are too embarrassed to discuss their experience.

Read "What's a Wet Dream?" from What's Happening to Me? (optional).

Signs of STD or Other Infection

Normally, the penis is free of discharge, unlike the vagina. The following symptoms should be checked by a physician immediately:

- discharge from the penis
- blisters or sores on the genitals
- painful urination

Activity 29

GAME: COMMON SEXUAL AND HEALTH MYTHS

Purpose: To inform adolescents and parents of their own level of information about sexuality and health; to identify and dispel common sexuality and health myths.

Appropriate Target Group: Adolescent groups.

Materials: A set of myth/information cards for every four to six participants (see Teacher Resource), sets of envelopes labeled True, Myth, and Undecided.

Time: 40-45 minutes.

Procedure: Form teams of four to six people; groups can consist of unrelated adolescents and parents or teenagers only and parents only.

Provide each group with a set of myth/information cards and envelopes labeled True, Myth, and Undecided. Have each player take a turn choosing a card and reading aloud the statement on it. The group should then decide whether the statement is true or a myth, and put it in the proper envelope. If they can't agree or don't know, they should put the card into the "Undecided" envelope. Continue this process until all group members have had turns and the group's pile is exhausted.

Instruct each small group to read the statements in their "Myth" envelopes.

Collect the "Undecided" and "True" envelopes, read aloud those statements, and explain the correct answers.

If time permits, answer and explain other questions that came up.

Discussion Points:

1. For parents: How many of these myths did you believe as an adolescent?
2. Was it difficult to talk about these issues with your parent or teenager present?
3. How would you have felt talking about these issues at the first session?
4. Did you find any items surprising?

Teacher Resource for Activity 29

COMMON SEXUALITY AND HEALTH MYTHS

Homosexuality is caused by having too many hormones of the opposite sex.

If a person finds someone of the same sex attractive, he or she is probably homosexual.

You can always tell by looking if someone is homosexual.

Frequent masturbation usually causes emotional problems and harm to your body.

Most people have masturbated at some point in their lives.

At all ages, men's sex drive is stronger than women's.

Once you begin to become intimate, you have to go all the way (have sexual intercourse).

Rape is usually committed by strangers.

Most rapists don't have a partner of their own.

Making love comes naturally.

A guy can usually tell if his partner is not a virgin.

A woman cannot get pregnant the first time she has sexual intercourse.

A woman cannot get pregnant during her menstrual period.

It always hurts to have sexual intercourse for the first time.

Girls who are virgins can't use tampons.

Women with big breasts are more sexual.

A woman can't get pregnant unless she had an orgasm during intercourse.

Most teenagers have intercourse by the time they are 16.

Both men and women know when they have gonorrhea.

Alcohol is a sexual stimulant.

Activity 30

FEMALE COLLAGE/MALE COLLAGE

Purpose: To provide an opportunity for youngsters to express their ideas and feelings about being male or female.

Appropriate Target Group: Preadolescent groups.

Materials: Scissors, glue, magic markers or crayons, newsprint, magazines or catalogs.

Time: 30–45 minutes.

Procedure: Divide the group into pairs of parents and children. Instruct each pair to create a collage with the materials listed above on the theme "Being Female" or "Being Male" (depending on the sex of the group). After the collages are completed, ask them to explain their collages.

Discussion Points:

1. How were materials selected?
2. Which is your favorite picture?
3. For female groups: Does your collage project a positive or negative image of women?
4. In what settings are the women in the pictures?
5. For male groups: Does your collage project a positive or negative image of men?
6. In what settings are the men in the pictures?

Activity 31

FILM: GENDER ROLES

Purpose: To help students explore a variety of attitudes toward gender roles. To help them understand the origins of gender role differences. To introduce the concept of nonstereotypic gender roles.

Materials: 16mm projector and film:
"Happy to Be Me" [Arthur Mokin Productions]
"Boys Don't Do That" [Planned Parenthood of Memphis]
"Sex Role Development" [McGraw Hill Films]
"Men's Lives" [New Day Films].

Appropriate Target Group: Adolescent groups.

Time: 30-55 minutes.

Procedures: Introduce and show the film.

Discussion Points:

1. How did you feel about the film?
2. Were or are you treated in a specific way because of your sex?
3. How does your behavior differ from your sister versus your brother?
4. How does your behavior differ from male friends versus female friends?
5. How does your behavior differ from your mother versus your father?

Activity 32

STD: MYTH OR FACT?

Purpose: To assess participants' knowledge about sexually transmitted diseases (STD); to provide factual information on STD.

Appropriate Target Group: Adolescent groups.

Materials: Handouts and pencils.

Time: 30 minutes.

Procedure: Divide the group into parent/child pairs. Provide each pair with a worksheet and pencil, instructing them to complete the worksheet from their own knowledge.

When they are finished, or after about 10 minutes, reconvene the group and review the correct responses:

Questions 1, 2, 6, 7, 8, 12, 13, 14, 15, 17, 18, 19 = false

Questions 3, 4, 5, 9, 10, 11, 16 = true

If the group is weak on knowledge about STD, supplement with the STD presentation (Activity 33).

Discussion Points:

1. What answers surprise you?
2. How might this information affect sexual behavior?
3. What are the psychological repercussions of contracting an STD?
4. Point out the media's coverage of Herpes Type II has produced what some call mass hysteria. How can information about Herpes be explained to young people without exaggerating the actual medical effects of the disease?

Handout for Activity 32

STD: MYTH OR FACT?

Directions: Read each statement carefully. If it is a myth, circle M; if it is a fact, circle F. STD stands for sexually transmitted disease(s); VD for venereal disease(s).

1. A person can catch gonorrhea from a toilet seat or dirty towel. M F
2. All sexually transmitted diseases are easy to cure. M F
3. Syphilis can cause insanity, deafness, and hair loss. M F
4. Many women do not have symptoms when they have gonorrhea. M F
5. A baby can become blind if her/his mother has gonorrhea at the time of birth. M F
6. The birth control pill will prevent STD's. M F
7. You can get an STD by kissing someone who has it. M F
8. No one becomes sterile just by having an STD. M F
9. Any person can receive treatment at a VD clinic. M F
10. A person can help prevent some STD's by using a condom. M F
11. Genital Herpes has no known cure. M F
12. Only dirty people get STD's. M F
13. Once a person has an STD and it is cured, she or he will never get that same one again. M F
14. A young person must have her/his parents' permission to receive treatment for an STD. M F
15. Pubic lice can be washed away with soap and water. M F
16. A pregnant woman with an STD can give it to her baby. M F
17. Cold sores Herpes Simplex I and genital Herpes (type II) are the same disease. M F
18. Once the pain at urination has stopped, a man does not need to get treatment for gonorrhea. M F
19. If a person with an STD is treated, his/her partner does not have to bother going to a doctor or clinic. M F

Activity 33

SEXUALLY TRANSMITTED DISEASES

Purpose: To make parents and children aware of STD as a risk of sexual activity; to provide information on the prevention of STD's.

Appropriate Target Group: Adolescent groups.

Materials: Teacher Resource, Handout, blackboard, and chalk.

Time: 20-30 minutes.

Procedure: Usually it is unnecessary to discuss sexually transmitted diseases with younger children unless someone brings up a question about it. However, the older children have probably heard about VD or STD and may want more information. Emphasize that the way most people get an STD is by having some kind of close sexual contact with someone who has the disease. Many adolescents fear that they may have an STD, whether they've had intercourse or not. The symptoms are similar to those of other common health problems, and they have heard that people can have the disease without showing any symptoms.

Convey the information in the manner that best suits your style. The focus of this presentation is to help young people:

- understand that sexually transmitted diseases are a serious problem to which any sexually active person is susceptible
- recognize the symptoms
- understand the importance of treatment and know how to get it.

Stress knowledge of the general signs of an infection rather than the specific details for each type.

Discussion Points:

1. Do you think it would be easy for someone to tell a sexual partner that he or she had an STD?
2. Where can a person get treatment for STD in our community?
3. Since the media has focused a lot of attention on Herpes, ask if there are any questions about this STD.
4. Discuss the psychological issues related to having an incurable and easily transmitted STD.

Handout for Activity 33

SEXUALLY TRANSMITTED DISEASES

Signs and symptoms of an STD: Any of the following can indicate to a person who is sexually active that she or he may have an STD and should consult a doctor or clinic.

Redness or soreness of the genitals

Pain at urination; cloudy or strong-smelling urine

Unusual discharge from the penis or vagina

A sore or blisters on or around the genitals, near the anus, or inside the mouth

Excessive itching or a rash

Abdominal cramping

A slight fever and an overall sick feeling

A sexual partner with symptoms

Ways to Prevent Contracting an STD: The only completely effective preventive measure is to abstain from close sexual contact. While this refers primarily to sexual intercourse, any open wound touching broken skin can result in STD.

Avoid sexual activity.

Inspect your partner's genitals.

Wash after sexual intercourse.

Urinate after intercourse.

Use condoms and contraceptive foams, jellies, and creams.

Routinely have a medical examination.

What to Do if You Get an STD:

Seek medical treatment immediately.

Inform all of your sexual partner(s).

Encourage partner(s) to get treatment.

Abstain from sexual contact while infectious.

Teacher Resource for Activity 33
SEXUALLY TRANSMITTED DISEASE INFORMATION

The following information is provided for informational purposes. There is no need to give participants information in such detail except in response to specific questions. Even then, reinforce the general symptoms and stress that any person who is concerned about having something should have a medical examination.

Gonorrhea

Symptoms in males: Have cloudy (thick, greyish-yellow) pus-like discharge from penis and burning sensation during urination. Symptoms appear 2 to 10 days after contact with infected person. 20% or more of males show no signs.

Symptoms in females: Usually show no signs. Some women do have a pus-like vaginal discharge, vaginal soreness, painful urination, and a lower abdominal pain 2 to 10 days after contact.

Damage: Sterility; pelvic inflammatory disease (PID) in women which can recur even after the gonorrhea and original PID have been cured.

Diagnosis: The patient should inform the physician of all points of sexual contact (genitals, mouth, or anus).

Males: Medical practitioner examines genitals, mouth, or anus for signs of irritation, soreness, or discharge, and takes a bacterial culture from the infected area.

Females: Medical practitioner examines genitals, mouth, lymph glands, and cervical discharges, and takes a bacterial culture.

Treatment: Penicillin or similar antibiotic that kills the bacteria within 1 or 2 weeks.

Details: Gonorrhea is second only to the common cold in its incidence as a communicable disease.

Genital Herpes

Symptoms: Painful blister-like lesions on or around genitals or in anus. Appear 3 to 20 days after contact with the infected person. Some people have no symptoms.

Damage: Recurring outbreaks of the painful blister occur in one third of those who contract Herpes.

Herpes may increase the risk of cervical cancer; can be transmitted to a baby during childbirth; and can promote psychological problems such as social withdrawal, lowered self esteem, anger, and stress.

Diagnosis: Microscopic examination of blister tissue.

Treatment: Genital Herpes is caused by a virus and at this time has no cure. Treatment is aimed at relieving the pain, burning, and itching of active sores by bathing with soap and water or other drying agents. Immediate treatment by a doctor can reduce the severity.

Syphilis

Symptoms: Painless chancre sore on or in genitals, anus, mouth, or throat. Appears 10 days to 3 weeks after contracted. If left untreated, a skin rash will develop about 6 weeks after the chancre's appearance, especially on the hands and soles of feet.

Damage: Loss of hair in patches. If left untreated after the rash appears, it can eventually cause heart failure, blindness, and damage to the brain and spinal cord.

Diagnosis: Medical practitioner examines chancre site, eyes, throat, heart, lungs, and abdomen; performs a microscopic examination of chancre pus and blood test.

Treatment: Penicillin or similar antibiotic that kills the bacteria.

Pelvic Inflammatory Disease (PID)

A bacterial infection of the Fallopian tubes. It can be caused by the gonococcal bacteria or contamination by bacteria from the rectum or other, foreign sources.

Symptoms: Abdominal cramps.

Treatment: Antibiotics.

Non-specific Urethritis (NGU)

Symptoms: A bacterial infection of the urethra causing inflammation, painful urination, and a discharge.

Treatment: Antibiotics.

Monilia

Symptoms: A yeast infection caused by an imbalance of the vaginal organisms.

Females: Itching, burning, a whitish lumpy (cottage cheese like) discharge that smells like yeast, and dryness of the vagina.

Males: Inflammation of the penis.

Treatment: Locally applied cream.

Trichomoniasis

Symptoms: A vaginal infection caused by a single cell organism present in the bladder of some people; it can be transmitted by wet clothing, washcloth, or towels.

Females: Develop a burning sensation at urination and an odorous, foamy discharge, along with a reddening and swelling of the vaginal opening.

Males: Usually have no symptoms or only a slight discharge.

Treatment: Oral medication.

Venereal Warts

Symptoms: Warts are the result of a virus spread during sexual contact. In moist areas like the vulva, they are usually pink or red and soft. They often grow together in little clusters.

In dry areas such as the penis, the warts are small, hard, and yellowish grey.

Treatment: A locally applied treatment easily destroys the warts.

Crabs (Pubic Lice)

Symptoms: About the size of a pinhead, the lice live and breed in the pubic hair, causing an intense itching. Can be spread through bedding, clothing, toilet seats, or towels, as well as bodily contact.

Treatment: Wash the affected area with a preparation that kills the adult lice and their eggs.

Scabies

Symptoms: An infection caused by a tiny mite that burrows under the skin, causing intense itching and redness of the skin.

Treatment: Eliminate scabies by washing with a special soap.

Activity 34
STD HANDSHAKE

Purpose: To demonstrate how easily sexually transmitted disease can become epidemic.

Appropriate Target Group: Adolescent groups.

Materials: Index cards and pencils.

Time: 20-35 minutes.

Procedure: Mark only one index card with an x, and leave the rest blank. Give each participant an index card (including the one with an x) and pencil. Instruct participants to shake hands with five group members. With each handshake, the two individuals sign each other's cards. At the end of the activity, each participant should have five signatures on his or her card.

Announce that one card has an x representing a sexually transmitted disease. Ask the person with the x to stand up and read the five names on his or her card, disclosing those who have contracted the disease. Instruct these five individuals to stand and read the names of those they shook hands with after shaking person x's hand. Continue until all infected people are identified. If a name reappears, ask the person to raise his or her hand to demonstrate reinfection.

Variation 1: Write condom on two cards, Herpes on one, and gonorrhea on another. Follow the above procedure, but separate those who contract Herpes and those who contract gonorrhea. The individuals with the condom cards do not get on the list of individuals with gonorrhea. This variation demonstrates the preventive value of the condom with gonorrhea, and the difficulty in protecting oneself from Herpes.

Variation 2: If you have more than 20 people in the group, write several different letters representing different sexually transmitted diseases on different cards. Include enough letters so that roughly the correct proportion of participants get a sexually transmitted disease.

Discussion Points:

1. Emphasize that STD is almost always contracted through personal sexual contacts, although Herpes can be contracted in others ways.
2. Discuss how fidelity versus indiscriminate sexual behavior affects STD rates.
3. What are the difficulties in preventing the spread of STD (difficulty in detection; difficulty in informing past and future partners)?
4. How is Herpes affecting sexual behavior?

Activity 35
FILM: STD

Purpose: To provide additional information about sexually transmitted diseases.

Appropriate Target Group: Adolescent groups.

Materials: 16mm projector, screen, film:
"A Half Million Teenagers Plus" [Churchill Films] or
"VD Attack Plan" [Walt Disney Productions].

Time: 30-45 minutes.

Procedures: After presenting basic information on sexually transmitted diseases, introduce and show the film.

Discussion Points:

1. Reinforce the need to know only general symptoms. Stress the importance of seeking treatment and informing sexual partners.
2. Where can one obtain treatment for STD in this community?

Activity 36

STD DILEMMAS

Purpose: To provide young people and their parents with an opportunity to practice communicating about STD.

Appropriate Target Group: Adolescent groups.

Materials: Dilemma cards. See Teacher Resource for sample dilemmas.

Time: 20–40 minutes.

Procedure: Form groups of four with two parents and two children in each group. Give each group a dilemma card and have the group members choose two people to roleplay the dilemma. Then have all four people discuss their reactions to the role play. Depending on time, small groups can switch dilemma cards and each group can roleplay a second dilemma.

Variation: Ask for two volunteers to roleplay a dilemma while the large group observes. When volunteers finish, give them the first opportunity to talk about their reactions; then allow observers to discuss how they would have handled the situation.

Discussion Points:

1. How did you feel about discussing STD during the roleplaying?
2. In particular, how did the "parents" feel about discussing it with their "children"?
3. Is STD something parents and children should talk about?
4. If yes, what information should parents give their children?

Teacher Resource for Activity 36
STD DILEMMA SITUATIONS

Directions: Put each role on a separate index card using the appropriate gender for the group.

The School Assignment:

Child: Your homework tonight is to ask your parent what he or she thinks about the rising STD rates among teenagers and what he or she thinks parents can do to help reduce their adolescent's risks.

Parent: You explain to your child your feelings about teens contracting STD and discuss with him or her ways to reduce the risk of getting it.

The Scout Badge:

Child: Your community health badge requires you to identify the places that a person can be treated for STD in your community. You ask your parent for assistance.

Parent: You help your child complete a badge requirement and in the process learn new information about where to go for STD treatment. You also discuss with your child the importance of early treatment and of getting his/her sexual partners to seek medical attention.

The BIG Talk:

Child: You are experiencing a burning sensation when you urinate (or your boyfriend/girlfriend tells you he or she is). You are fearful that you have gonorrhea and decide to try to talk with your parents about STD in general to find out other symptoms.

Parent: Your child begins a discussion about STD, but you sense that he or she is fearful that he or she might have a disease.

The Disclosure:

Female: You have been to the doctor and were told that you have a vaginal yeast infection. You are hesitant to talk about the infection but try.

Male: You have just found out you have Herpes Simplex II and must tell your partner.

Activity 37

PREGNANCY AND CHILDBIRTH PRESENTATION

Purpose: To provide accurate information on pregnancy and childbirth; to provide an opportunity for parents to share their experiences with pregnancy and childbirth with their children.

Appropriate Target Group: All groups.

Materials: Teacher Resource, blackboard, and chalk.

Time: 20-30 minutes.

Procedure: Give the information in as simple terms and as informally as possible. Encourage parents to share personal stories about pregnancy and childbirth. Teachers have found that such discussions strengthen the parent/child bond and are relatively easy for the participants.

Discussion Points:

1. Parents: What was childbirth like for you?
2. Do any of the children have questions about pregnancy and birth?

Conception

During sexual intercourse, the man places his erect penis in the woman's vagina. When the male climaxes, sperm are released into the vagina; they move up into the uterus and into each of the Fallopian tubes. If an egg has been released by the woman's ovary, the sperm and egg may meet in the Fallopian tubes and the egg becomes fertilized. The fertilized egg then moves slowly down the rest of the Fallopian tube into the uterus and attaches itself to the lining of the uterus.

Indications of Pregnancy

Missed period. When a woman is pregnant, her menstrual period stops until sometime after the baby is born. However, often there is some bleeding shortly after conception. She does not release any more eggs until after she has delivered and often not until she ceases to breastfeed.

Morning sickness. Some women feel sick to their stomach in the morning, some feel sick periodically throughout the day.

Weight gain in abdominal area.

Enlarged and tender breasts.

Fatigue.

Frequent urination due to increased waste from the fetus and from the enlarging uterus pressing on the bladder.

Medical Signs of Pregnancy

Positive pregnancy test.

Fetal heartbeats.

Active fetal movements.

X-ray detection of fetal skeleton. However, X-rays can be harmful to the fetus. Now physicians use a machine that uses sound to make a picture of the fetus (sonogram).

Pregnancy Tests

Urine: The urine test is considered valid after the woman has missed one menstrual period and waited 10 days. If she is pregnant, the special hormone HCG produced in woman's body will make the test positive.

Home pregnancy test: Kits may be purchased at the drug store that allow a woman to test for pregnancy in her own home. However, she may obtain false results if she has not followed the directions precisely; she would still need to obtain a pregnancy test through a clinic or private physician.

Blood: The blood test is relatively new. It detects pregnancy as early as 10 days after conception, even before a missed menstrual period. It is currently more expensive than the urine test.

Recommendations for a Healthy Pregnancy

A pelvic examination by a physician to confirm the pregnancy, then regular check-ups for prenatal care.

Adequate rest.

Daily moderate exercise.

Balanced diet. Almost everything the woman takes into her body -- whether food, drugs (including prescribed, "over the counter," or illegal), alcohol, cigarette smoke, or caffeinated beverages (coffee, tea, many soft drinks) — is passed to the developing fetus. Some of these can cause birth defects.

Uterine Changes (Illustrated in Birth Atlas)

Enlargement from 2" x 4" to 10" x 14".

Increase in fluid capacity from 1/4 teaspoon to 10 pints.

Terms

Amniotic sac ("Bag of waters"): A thin, transparent, tough membrane that holds the fetus.

Amniotic fluid: Clear, watery fluid that surrounds the fetus and acts as a shock absorber. It is completely replaced every hour and a half. The fetus will practice "breathing" this liquid later in pregnancy but does not drown. It can swallow some of this liquid and occasionally get hiccups.

Placenta: An organ that develops in the uterus that acts as a "bridge" between the fetus and the mother. Food and oxygen pass from mother to fetus; waste products pass back through the placenta to the mother. The blood from the mother and fetus never actually mix.

Umbilical cord: A cord that is about 20" long at full development connects the placenta to the fetus. It carries veins and arteries. The cord has no nerves so neither mother nor child is hurt when the cord is cut after birth.

Birth

Contractions (Labor): Approximately 9 months after conception, the process of childbirth begins. The uterus begins to contract; that is, the uterine muscles

tighten in order to open and thin-out (dilate) the cervix so the baby can be pushed down through the vagina to the outside world.

When the contractions or labor pains begin, they usually come about 15 minutes apart and last about 30 seconds. Between contractions, the uterus relaxes. Gradually, the time between contractions shortens, and the contractions last longer until they are approximately 2 minutes apart and lasting about a minute. Sometime within the labor process, the bag of waters, or amniotic sac, breaks and the amniotic fluid comes out.

Prepared childbirth: During the labor process some women use breathing and relaxation techniques (e.g., the Lamaze method) to help them manage the contractions better. Often, the husband or partner coaches the woman during the contraction to help her relax and do the special breathing. Many women who attend classes to prepare themselves for childbirth find they need less medication during labor. This "natural childbirth" method also accents the couple's team effort to have a baby.

Vaginal delivery: As soon as the cervix is completely dilated, or opened up, the woman can help push the baby out. The baby will come down the birth canal, or vagina, usually head first. The head is the largest part of the baby; once the baby's head and shoulders pass through the vagina, delivery of the rest of the infant is a simple matter, as the trunk and limbs are quite small in comparison with the head and shoulders.

Breech birth: A small percentage of babies are born buttocks or feet first.

Caesarean section: Occasionally, the medical team determines reasons a vaginal delivery would not be possible or safe, and delivers the child through a surgical incision in the abdominal and uterine walls. Following are some common reasons for performing a Caesarean Section:

- The shoulder, arm, or hand enter the birth canal first and the baby cannot be turned during labor.
- The fetus is having difficulty and needs to be born quickly.
- Labor is not progressing normally.
- The mother's body is too small or the baby is very large.
- Membranes have ruptured and progress is slow.
- The mother had a previous C-section (not absolute).
- The uterus had previous surgery (not absolute).

After delivery: After the baby is born, the medical team:

- clamps and cuts the umbilical cord
- delivers the placenta which is no longer needed
- measures and weighs the baby
- places silver nitrate in the baby's eyes to prevent gonorrhea infection

- sometimes takes the baby's footprint to help with identification.

Frequently, the mother nurses the baby at this point.

Twins

Identical twins develop from one egg that splits shortly after fertilization. The two babies are the same sex, two boys or two girls, and look nearly identical.

Fraternal twins develop from two eggs released at the same time and fertilized by different sperm. Fraternal twins may be the same or opposite sexes.

Sex Determination

The sperm determines whether the baby will be a boy or a girl. Some sperm are female producing and others, male producing.

Some myths about determining the sex of a child:

- If a man would wear his boots to bed and have intercourse with his wife, she would have a boy.
- If a man hung his pants on the right bedpost, his offspring would be a boy; if on the left side, a girl.
- A woman should drink lion's blood to insure that the baby would be a male.

Currently some researchers are working on methods to help couples have a child of a certain sex. So far, no method is foolproof, but some work rather well.

Unusual Facts on Pregnancy and Birth

Length of Pregnancy: Longest was 359 days; shortest, 174 days (1982 Guinness Book of World Records).

Number of children: The greatest number of children born to one woman was 69. She was pregnant 27 times; she had 16 pairs of twins, 7 sets of triplets, and 4 sets of quadruplets.

The father with the most children had 548 sons and 340 daughters. (Recorded in a country where it is legal for a man to have many wives.)

Age: Oldest mother, aged 72, gave birth to a stillborn infant.

Size of infant: Largest baby ever born weighed 24 pounds, 4 ounces.

Smallest baby ever born weighed 10 ounces.

Activity 38

FILM: EVERYDAY MIRACLE: BIRTH

Purpose: To help parents and children understand the birth process and to appreciate the seriousness of pregnancy.

Appropriate Target Group: All groups.

Materials: 16mm projector, screen, film: "Everyday Miracle" [Wilmette Films].

Time: 45 minutes.

Procedure: Introduce the film explaining that it is British and does not reflect a typical American birth. However, conception and prenatal development is the same the world over. Show the film and discuss afterwards.

Discussion Points:

1. What did you think about the actual photography of the reproductive organs? Ovulation?
2. Were you surprised by anything you saw?
3. Stress that the pictures exaggerate the size of the organs and embryo.

Activity 39

FILMSTRIP: LIFE BEFORE BIRTH

Purpose: To help participants understand conception and fetal development.

Appropriate Target Group: All groups.

Materials: Filmstrip projector, screen, extension cord, adapter plug, record player, filmstrip:
"Life Before Birth" [Time, Inc.].

Time: 15-20 minutes.

Procedure: This is a two-part filmstrip. Generally, use only the second filmstrip; the first is very detailed about the first 6 weeks of development. A record accompanies the filmstrip, but you may prefer to read parts of the script to simplify the presentation and allow discussion throughout.

Discussion Points:

1. What does this filmstrip suggest about the importance of prenatal care?

Activity 40

THE DATING GAME

Purpose: To help adolescents identify, compare, and contrast characteristics they value in a partner. To help parents reflect on what they valued as an adolescent and value now in a partner.

Appropriate Target Group: Adolescent groups.

Materials: Handout, blackboard or newsprint and markers, pencils.

Time: 30–40 minutes.

Procedure: Distribute "The Dating Game: Looking for Mr./Ms. Right" questionnaires to all participants. Review the instructions.

After participants complete the questionnaire, ask them to reconsider the list of qualities, and this time select and rank the 10 qualities/characteristics they consider most important in a spouse.

In small groups with parents and children in each group, have participants discuss their ratings, comparing their ideas of desirable traits in dates and spouses.

Then in a large group, discuss the exercise.

Discussion Points:

1. What qualities and characteristics are important in the opposite sex? (Record on newsprint or blackboard).
2. Do men and women look for different things in a date?
3. Do men and women look for different things in a spouse?
4. Do the generations differ in what they feel is important in a date or spouse? How?

Handout for Activity 40

DATING GAME: LOOKING FOR MR/MS. RIGHT

Select 10 of the following qualities or characteristics that you consider most important when selecting or accepting a date. Rank these characteristics, starting with 1 for the most important quality.

_____ Good looking, cute

_____ Courteous, considerate, kind

_____ Honest

_____ Good sense of humor

_____ Athletic

_____ Academic, good grades

_____ Similar religious beliefs

_____ Hardworking; has cash

_____ Fun to be with

_____ Similar values

_____ Sensitive

_____ Affectionate

_____ Nice teeth

_____ Sexy

_____ Strong

_____ Nice body

_____ Outgoing (not shy)

_____ Talented

_____ Romantic (sends cards and flowers)

_____ Good dancer

_____ Easy to talk to

_____ Good listener

_____ Has own car

_____ Nice dresser (stylish)

_____ Good kisser; a "lover"

_____ Pleasant personality

_____ Similar interests

_____ Likes children

_____ Understanding

_____ Helpful

_____ Caring

_____ Smart

_____ Good smile

_____ Gentle

_____ Popular

_____ Tall

Activity 41

PROS AND CONS OF TEENAGE SEX

Purpose: To help participants consider the possible advantages and disadvantages of teenagers engaging in sexual activity.

Appropriate Target Group: Adolescent groups.

Materials: Newsprint, magic markers, and tape.

Time: 15 minutes.

Procedure: Divide group into small mixed groups, but separate adolescents and their own parents. Instruct each group to brainstorm all the advantages and disadvantages of teenage sex. Since adolescents are often reluctant to admit certain points of view in front of their parents, encourage adolescents to list all the possible pros and cons they've heard around school and from friends. Ask each group to record their responses on newsprint. Post the lists from both groups.

Discuss the responses in the large group.

Note: "Sex" needs to be defined. Either provide a definition ask the group to define it.

Discussion Points:

1. Are the pros and cons different for parents and teens? If so, why?
2. Parents: Were pros and cons different during your adolescence?
3. All: How do you know when you're ready for sex?
4. What do you see as alternatives to sex? How do these differ?
5. What is the effect of peer pressure on the decision to have sex?

Activity 42

FILM: ADOLESCENT SEXUALITY

Purpose: To help participants explore their attitudes toward adolescent sexuality. To practice communicating about sexuality.

Appropriate Target Group: Adolescent groups.

Materials: Projector and film:
"Teenage Father" [Children's Home Society of California] or
"Shelley, Pete ... (and Carol)" [Modern Talking Picture Service] or
"Prisoners of Chance" [Cine-Image Film, LTD].

Time: 40-60 minutes.

Procedure: Preview the films to decide which is most relevant for your group. Tell the group that you are going to show a film involving an adolescent and his or her family in which the teenager is making decisions about sexuality. After the film, ask the group how they would have handled the situation. If time permits, have participants roleplay one of the discussions about sexuality that came up in the film.

Discussion Points:

1. What did you think of the adolescents in the film?
2. What did you think of the adults?
3. Parents: ("It's Up To Laurie"): Which parenting style most resembled your own?
4. Parents: What messages have you given your child about premarital sex, relationships, birth control, etc.?
5. Parents: Can your child come to you with questions? How have you communicated this?
6. Parents: Do you have different attitudes toward male and female children about premarital sex?
7. Adolescents: Can you go to your parents with questions?
8. Adolescents: How do you think the lead character should have handled herself or himself?

Activity 43

BIRTH CONTROL PRESENTATION

Purpose: To provide accurate factual information on contraception and abortion; to help participants think of birth control as a life-long consideration.

Appropriate Target Group: Adolescent groups.

Materials: Teacher Resource, birth control kit, charts, or pamphlets.

Time: 20-45 minutes.

Procedure: Present the following material in the manner that best suits your style. While preparing for this session, there are a number of factors to keep in mind.

1. Younger groups usually do not need or want very much information about birth control. You may choose to say simply that there are methods of preventing pregnancy if two people who want to have sex don't want a baby, and then answer any questions they ask. As always, gauge how much information to give according to the needs of the particular group. You will usually be able to judge their needs by their questions and comments in previous sessions.

2. As more research is done in the medical field, especially regarding contraception, it is important to constantly review, update, and revise this part of the program.

3. In almost any presentation about contraception, someone inevitably asks, "What is the best method of birth control?" Emphasize the importance of a mutual decision between sexual partners and allow for personal choice. For example, "The best birth control method is the one that both the man and woman agree best suits their needs and is medically safe; they must be satisfied with the method's effectiveness, and it must suit their particular lifestyle." An example often helps: both partners want something effective and convenient, but the woman fears side effects if she takes the pill, so they agree that an IUD would be best for them.

Discussion Points:

1. What factors do a couple have to consider before choosing a method of contraception?
2. What reasons do people give for not using birth control (too dangerous, interrupts lovemaking, against their religion, lack of information, too embarrassed)? What do you think of these reasons?

Abstinence (No Sexual Intercourse)

How abstinence works: Prevents sperm release into the vagina.

How abstinence is used: Mutual agreement or an independent decision by either partner.

How effective abstinence is: Almost 100%. (Ejaculation outside but close to the opening of the vagina can still result in pregnancy.)

Myths about abstinence: Causes "blue balls" in males.

Additional information: It is readily available to both male and female.

There is no cost.

There are no medical side effects.

There are no risks.

Neither partner can catch any sexually transmitted disease.

There is no worry.

There are no conflicts with adults.

A person who has had sex in the past may decide to abstain in a current or future relationship.

Abstinence protects one's later ability to have children by eliminating the risk of STD, pelvic inflammatory disease, abortion, and contraceptive-related health problems.)

Condom (Rubber)

How the condom works: Prevents sperm passage into the vagina.

How the condom is used: Before sexual intercourse begins, a condom is placed over the erect penis; space must be left at the end to collect the sperm (some condoms have a special tip for sperm collection). After ejaculation, the condom should be held in place while removing the penis so sperm do not spill into the vagina.

Condoms should be thrown away after one use; they should never be re-used.

How effective the condom is: 80-85%; 95% if used with foam (based on actual use).

Where to obtain the condom: Drug stores, family planning clinics, and some public rest rooms.

Additional information: Vaseline may destroy the condom.

They deteriorate over time.

They prevent spread of most sexually transmitted diseases.

They are rather inexpensive.

Oral Contraceptives (Pills)

How the pill works: Prevents release of an egg from the ovary (ovulation); prevents implantation of the fertilized egg in the uterus (if ovulation should occur).

How the pill is used: One kind is taken daily for 21 days and stopped for 7 days before starting a new package. Another kind is taken continuously for a 28-day cycle; the last seven are placebos, designed to keep the woman in the habit of taking a pill every day.

Taken in order at a convenient, but consistent time each day.

If a pill is missed, take the one you forgot as soon as you remember, and take the next pill at the regular time. Use a backup method to prevent pregnancy through the rest of this menstrual cycle. Note: This is necessary because most women today are begun on low dosages of estrogen. The woman should ask her doctor for specific instructions for using pills.

How effective the pill is: 95% (based on actual use, i.e., it includes those who skip days).

Where to obtain the pill: Private physician or family planning center.

Myths about the pill: Pills cause deformed babies.

You only take the pill on the days that you have intercourse.

Pills cause sterility.

Additional information: Women with certain physical problems such as high blood pressure, history of blood clots, and heart disease, should not use the pill in most cases.

Possible side effects of taking the pill include reduced menstrual flow, swollen or tender breasts, headaches, slight weight gain and nausea. Serious but rare side effects include hypertension, stroke, and blood clots.

Intrauterine Device (IUD)

How the IUD works: Actual reasons for how it works are unproven at this time. There are several theories; some believe the IUD prevents the fertilized egg from implanting in the uterus. One IUD, the progestesert, secretes a hormone believed to interfere with conception.

How the IUD is used: It is inserted into the uterus by a trained medical person with attached string left hanging into the vagina. The string should be checked frequently, in particular, after each menstrual period, by feeling inside the vagina.

How effective the IUD is: 95% (based on actual use).

Where to obtain the IUD: Private physician, family planning clinic.

Myths about the IUD: An IUD can travel to the heart and cause a stroke.

The IUD strings can cut a man's penis.

Additional information: The IUD is one of the easiest birth control methods to use.

Occasionally, the partner can feel the string during intercourse.

Certain IUD's such as the Copper have to be removed after 1-3 years.

Possible side effects include cramps, heavier menstrual flow, irregular bleeding, infection, expulsion of the IUD, and rarely, uterine perforation.

It is not recommended for women who have never had a child.

Foam

How foam works: Temporarily blocks the opening into the uterus; kills sperm.

How foam is used: The can is shaken approximately 20 times before the foam is removed; one or two applicators of foam are placed into the vagina immediately before intercourse.

How effective foam is: 70%; 95% if used with condoms (based on actual use).

Where to obtain foam: Drug store, family planning clinic.

Additional information: Foam must be available and used each time intercourse occurs.

Foam dissolves in the vagina. Douching is not necessary, but if used, should not be done for at least 6-8 hours after intercourse.

It is inexpensive.

It causes irritation in some women.

Diaphragm

How the diaphragm works: Prevents sperm from passing into the uterus.

How the diaphragm is used: Should be inserted within 2 hours prior to intercourse. The woman places a sperm-killing cream or jelly in the cap and around the rim, then puts the diaphragm into the vagina, completely covering the

cervix. If intercourse is repeated within six hours, more jelly should be inserted into the vagina with an applicator, but the diaphragm should not be taken out.

After each use, the diaphragm should not be removed for 6-8 hours; and should be washed with soap and water, dried, and stored in its case.

How effective the diaphragm is: 80-85% (based on actual use).

Where to obtain the diaphragm: Private physician, family planning clinic.

Myths about the diaphragm: It always destroys the spontaneity of sex.

It is uncomfortable to wear for 6-8 hours.

It can get lost in the body.

Additional information: The diaphragm must be kept readily available and used each time intercourse occurs.

If the diaphragm is inserted incorrectly, it may not protect the woman from conceiving.

The diaphragm has minimal side effects.

A similar birth control method, the cervical cap, is generally not available today except through research projects. It is smaller than the diaphragm, fitting closely to the cervix. It can be kept in for days and is not as messy as the diaphragm.

Coitus Interruptus (Withdrawal)

How withdrawal works: Prevents the ejaculation of sperm into the vagina.

How withdrawal is used: Requires the penis to be removed before ejaculation.

How effective withdrawal is: 75-80% (based on actual use).

Additional information: Sperm that are released before ejaculation may cause pregnancy.

Couples often find this method physically and emotionally unsatisfying.

Using this method requires control and motivation.

It is not recommended, but is definitely better than no method.

Natural Family Planning (NFP)

Types of NFP: Calendar, basal body temperature, and cervical mucus.

How NFP works: Prevents the release of sperm into the vagina during the time the egg can be fertilized.

How NFP methods are used: The time of ovulation is determined by changes in the woman's body temperature or cervical mucus; then intercourse is avoided for a specific number of days before and after ovulation.

How effective NFP is: 60-75% (based on actual use).

Where to obtain NFP instructions: Physician or family planning clinic.

Additional information: NFP is difficult for some couples to use. It requires training from a qualified professional.

It is often unreliable, particularly in girls first starting their menstrual periods.

It requires not having intercourse for many days during each cycle.

It demands motivation and control.

It may be used with another method of contraception if intercourse occurs close to the time of ovulation.

Tubal Ligation

How tubal ligation works: Prevents the egg from passing through the Fallopian tube to unite with sperm.

How tubal ligation is performed: The Fallopian tubes are surgically cut and sealed to prevent union of the egg and sperm.

How effective tubal ligation is: More than 99%.

How to obtain tubal ligation: Private physician.

Myths about tubal ligation: It makes a woman less feminine and desirable; it lowers a woman's sex drive.

Additional information: This method is permanent; fallopian tubes can rarely be unsealed and put back together.

It does not affect one's ability to have or enjoy intercourse.

It is not available to minors in most states.

It should be selected only when a woman is sure that she doesn't want more children.

Vasectomy

How a vasectomy works: Prevents sperm passage through the vas deferens.

How a vasectomy is used: The vas deferens are surgically cut and sealed.

How effective a vasectomy is: More than 99%.

How to obtain a vasectomy: Private physician.

Myths about vasectomy: It decreases a man's sex drive; it interferes with a man's ability to perform intercourse.

Additional information: Vasectomy is a permanent method; vas deferens rarely can be unsealed and put back together.

It does not affect one's ability to have or enjoy intercourse; seminal fluid is still released.

It should be selected only when a man is sure that he doesn't want more children.

Factors Affecting Personal Choice of a Contraceptive

The methods: Effectiveness

Convenience

Availability

Risks and side effects

Characteristics of individual user: Age

Frequency of intercourse

Motivation

Religious beliefs and values

Partner's preference

Family knowledge and support

Experience with various methods

Relevant state and local regulations: Parental consent for contraception is unnecessary for minors in many states.

Family planning services must be given confidentially.

Voluntary sterilization for minors is ordinarily not available.

Locations: Health centers

Planned Parenthood clinics

Hospital family planning clinics

Private physicians

Drug stores

Vending machines

Activity 44
USING RESOURCES: SEXUAL INFORMATION

Purpose: To provide information on sexual topics; to give parents experience using resource materials on human sexuality.

Appropriate Target Group: Younger adolescent groups. This exercise is best suited for groups with somewhat limited information about sexuality.

Materials: Handout 44a or 44b and human sexuality textbooks (approximately 10 texts per class of 20 participants). We recommend the following books (for more information, see Appendix C):

Gordon, S. Facts About Sex for Today's Youth.
Johnson, E.W. Love and Sex in Plain Language.
McCoy, K., & C. Wibbelsman. The Teenage Body Book.

Time: 30-60 minutes.

Procedure: Divide participants into groups of three or four. Allow parents and children to be in the same group. Distribute the knowledge questionnaires and ask participants to find the answers to the questions as a group. Encourage them to guess if they don't know. Make the texts available for those who want to use them. After 20 minutes, reconvene the large group and review the answers to all of the questions. (Be sure to have correct answers.)

We recommend using the Sexual Knowledge Inventory (44b) with less advanced readers.

Answers to Sexual Knowledge Inventory:

1. T	8. T	15. T	22. F
2. T	9. F	16. T	23. T
3. T	10. F	17. F	24. T
4. F	11. T	18. T	25. T
5. T	12. F	19. T	26. F
6. F	13. F	20. F	27. T
7. F	14. F	21. F	28. T

Discussion Points:

1. Were you surprised by any of the answers? Which ones?
2. In which area do you feel parents need more information?
3. Where could you get information when you need it?

Handout A for Activity 44
SEXUAL KNOWLEDGE QUESTIONS

1. What changes does a boy go through during puberty?

2. What changes does a girl go through during puberty?

3. At what age do boys mature physically? At what age do girls?

4. How many eggs are released from the ovaries each month?

5. How many sperm are released during each ejaculation?

6. When is a woman capable of reproducing?

7. Check the situations where a woman <u>can</u> become pregnant:

   _____ a. If she has sexual intercourse 2 weeks before menstruating.

   _____ b. The first time she has sexual intercourse.

   _____ c. If she has sexual intercourse during her menstrual period.

   _____ d. If she has sexual intercourse standing up.

   _____ e. If she doesn't have sexual intercourse but the male climaxes next to the opening of the vagina.

8. Who masturbates in our society?

9. What are the effects of masturbation?

10. How does drinking alcohol affect sexual response?

11. How does marijuana affect sexual response?

12. List three types of sexually transmitted diseases (STD). Why do teenagers sometimes avoid medical care for STD?

13. Describe:

    a. abstinence

    b. condom

    c. foam

    d. pill

    e. withdrawal

    f. diaphragm

g. intrauterine device (IUD)

h. natural family planning

14. How effective is each method?

a. abstinence

b. condom

c. foam

d. withdrawal

e. pill

f. diaphragm

g. intrauterine device (IUD)

h. natural family planning

Handout B for Activity 44

SEXUAL KNOWLEDGE INVENTORY

TRUE FALSE

___ ___ 1. When a boy goes through puberty, many body changes occur.

___ ___ 2. The sexual double standard means that it is OK for males to have sexual experiences but it is less OK for females.

___ ___ 3. People who boast about sexual exploits usually do so because they are sexually insecure and worried about their sexuality.

___ ___ 4. The pill is not effective and is a dangerous method of birth control for most women.

___ ___ 5. When teenagers enter puberty, they become much more interested in sexuality.

___ ___ 6. You can always tell a homosexual by the way she or he walks and talks.

___ ___ 7. A woman cannot get pregnant the first time she has intercourse.

___ ___ 8. The condom is a major contraceptive method for which the male can take responsibility.

___ ___ 9. Two eggs are released from a mature woman's ovaries each month; several hundred sperm are released every time a male ejaculates.

___ ___ 10. Children who receive accurate sexual information are more likely to be sexually active.

___ ___ 11. Girls start maturing physically at different ages, but usually catch up with each other in a few years.

___ ___ 12. The roles men and women play are determined primarily by biological factors.

___ ___ 13. The rhythm method of birth control is extremely safe and an excellent method of birth control for teenagers.

___ ___ 14. Homosexuality is caused by the parents.

___ ___ 15. Most males and females have masturbated at some point in their lives.

___ ___ 16. The diaphragm is a safe and effective method of birth control when used properly.

___ ___ 17. On the average, boys develop physically earlier than girls do.

TRUE FALSE

___ ___ 18. Sexual fantasies are common for both men and women.

___ ___ 19. Much early sex play is motivated by curiosity.

___ ___ 20. About 90% of teenagers who are sexually active use birth control.

___ ___ 21. By the age of 18, fewer than half of all teenagers have had intercourse.

___ ___ 22. Safe and reliable contraceptives can be obtained only from a doctor or health clinic.

___ ___ 23. Ovulation occurs approximately 14 days before the beginning of a woman's next period.

___ ___ 24. Most adolescent girls who have babies keep them rather than give them up for adoption.

___ ___ 25. About one third of all teenage girls become pregnant before they turn 20.

___ ___ 26. If an adolescent has a same-sex experience, he or she is probably homosexual.

___ ___ 27. There is no known cure for Herpes.

___ ___ 28. Abstinence is the most effective method of birth control.

Activity 45

PLANNING YOUR FUTURE

Purpose: To have adolescents seriously consider the factors affecting the decision to become a parent; to provide parents with the opportunity to share experiences and add realism to children's plans.

Appropriate Target Group: All groups.

Materials: Handouts and pencils.

Time: 30 minutes.

Procedure: Distribute the Handout and instruct all participants to answer. Parents should answer the questions as if they had it to do over again. If participants are uncomfortable writing, have them pair off and discuss answers with each other. Once everyone has completed the question, discuss them in groups.

Alternative: Have parents pair off with their children. Children should discuss their answers to the questions with their parent. Parents should help supply information, especially for questions #1, #4, and #5.

In the discussion, stress the importance of finishing one's education, the effects of early or unplanned pregnancies, family planning (contraception), and the costs and responsibilities of parenthood.

Discussion Points:

1. How many of you had ever discussed these issues with your parent/child?

Handout for Activity 45

PLANNING YOUR FUTURE

1. What occupation would you like when you grow up? (List 2 or 3)

   a. How much education will that job take?

   b. Are there any special skills/attributes needed to do this job?

   c. How much money do you think you'll make a year?

2. Do you plan to get married? At what age?

3. Do you want to have children?

   a. If yes, how many do you want?

   b. How long after marriage do you want your first child?

   c. How far apart do you want to space your children?

   d. Do you have a preference for boys or girls?

   e. If you don't want to have children, how will you handle pressure from those who expect you to have children?

4. How much do you think it costs to have a baby?

   a. Doctor fees for prenatal care and delivery

   b. Hospital bills

   c. Maternity clothes

   d. Special foods

   e. Other expenses

5. How much do you think it costs to raise a child from birth to age 18?

Activity 46

PREPARED PARENTHOOD

Purpose: To emphasize that planning toward parenthood is a continuous, ongoing decisionmaking process, and that each individual is responsible for the decisions she or he makes and the consequences of those decisions.

Appropriate Target Group: All groups.

Materials: Handouts and Teacher Resource.

Time: 30 minutes.

Procedure: Instruct participants to read the Prepared Parenthood handout. Pose the five major questions, one at a time. After each question, ask the group not to answer the question yet, but to discuss the various factors that affect their answer to the question. When all the factors have been brought out, then encourage each person to make a decision regarding the question and to record that decision in writing. For example: I plan to have four children. Instruct parents to respond as if they were adolescents today. Stress that you will consider these decisions private; people may choose to share their personal decisions with the group but do not have to do so.

Discussion Points:

1. Supplement the factors participants think of with those on the Teacher Resource sheet.

Teacher Resource for Activity 46

PREPARED PARENTHOOD

1. **Do You Want to Have Children?** Factors affecting that decision:

   Life style changes
   Relationship changes
   Financial (initial cost and long range)
   Career vs. homemaker or combination
   Marital readiness for children
   Personal physical and emotional readiness for children (both partners)
   Others' expectations (religion, society, extended family members)
   Interest in children and child activities

2. **How Many Children Do You Want to Have?** Factors affecting that decision:

   Financial
   Physical and emotional health and stamina of parents
   Feeling of obligation (social responsibility)
   Desired sex of children

3. **When Do You Want Children? When Do You Want to Start Your Family?** Factors affecting that decision:

   Aspirations for career and education
   Life style adjustments
   Physical, emotional, and marital readiness
   Financial

4. **If You Plan to Have More Than One Child, How Far Apart Will You Space Them?** Factors affecting that decision:

   Financial (initial and long range)
   Career (interruptions and continuing)
   Personal physical and emotional capabilities
   Housekeeping-homemaking tasks (younger children require more day to day care)
   Other child's or children's emotional and physical needs
   Readiness for change in the family structure

5. **How Do You Plan to Prevent Pregnancies at Undesired Times? What Methods of Birth Control Would You Consider Using or Having Your Spouse or Partner Use?** Factors affecting that decision:

Available methods of birth control (pill, IUD, diaphragm, foams, jellies, creams, condoms, rhythm or ovulation method).
Effectiveness of method
Convenience of method
Health and medical history (high blood pressure contraindicates the pill)
Cost of method
Circumstances (nursing mother cannot use the pill)
Prior difficulties with certain methods (bleeding with IUD, can't remember to take the pill every day)

Handout for Activity 46

PREPARED PARENTHOOD: FIVE IMPORTANT DECISIONS

1. Do you want to have children?

2. How many children do you want to have?

3. When do you want children? When do you want to start your family?

4. If you plan to have more than one child, how far apart do you plan to space your children?

5. How do you plan to prevent pregnancies at undesired times in your life? What method(s) of birth control would you consider using or having your spouse/partner use?

Activity 47

HOW WOULD YOUR LIFE BE DIFFERENT?

Purpose: To increase participants' awareness of the prevalence and impact of teenage pregnancy.

Appropriate Target Group: Adolescent groups.

Materials: Handouts, blackboard or newsprint, and markers.

Time: 20-30 minutes.

Procedure: Provide each participant with a "How Would Your Life Be Different" form. Instruct adolescents to imagine that they are teenage parents (married or single) and to brainstorm how they themselves would be different in the four listed categories: Education/Career, Friends/Social Life, Finances, and Daily Routine. List as many changes as possible in each category. Indicate with "+" or "-" whether each change would be positive or negative in their life. Instruct parents to complete the form as though their child was a teenage parent.

Allow approximately 5 minutes for participants to complete their forms individually. Then have them discuss their responses in small groups of two parent/child pairs for about 5 minutes.

Reconvene the total group for further discussion.

Discussion Points:

1. Are there any teenage parents in the group?
2. How did your life change after becoming a parent?
3. For those of you who aren't parents, what changes do you think you would experience?
4. Do you know any teenage parents? If so, how are they managing?
5. Ideally, when do you think it's best to start a family?

Handout for Activity 47

HOW WOULD YOUR LIFE BE DIFFERENT
+ OR -?

Directions: Imagine that you are a teenage parent or that your son/daughter is. Think of ways that would change your (or his/her) life and list the changes below. If the change is for the better, put a "+" next to it. If the change is for the worse, mark it with a "-"

Education/Career	Friends/Social Life
Finances	Daily Routine

Activity 48

EGG PARENT

Purpose: To give adolescents the opportunity to be a "parent" with some of the responsibilities that accompany that position; to facilitate discussion about parenting.

Appropriate Target Group: Adolescent groups.

Materials: Eggs (enough for each participant). Hard boiled eggs may be more appropriate than raw, but use your own judgment about whether to tell the group that the eggs are hard boiled.

Time: 5-10 minutes to distribute eggs and give directions; 15-20 minutes for group discussion at the next class session.

Procedure: Give each adolescent an egg, and explain that the egg represents a child under the age of 1 year. Ask the adolescents to draw a face on their eggs. Tell them that they are responsible for total care of the "egg child" until the next class session or for 3-4 days. Make the following points and ground rules:

1. They must have the egg in their possession for 24 hours a day unless they arrange for an "eggsitter." Determine costs for "eggsitting" services. Encourage actual payment to "eggsitters" for dates, weekend activities, etc., or at least keeping a record of the number of hours and cost of using sitters. They may not take the egg child to school.

2. Every 4 hours the "parent" must spend a minimum of 15 minutes holding the egg to simulate feeding times. Babies usually eat every 4 hours through the night also, although a parent may choose to waive this night feeding.

3. "Egg children," like real children, should not sleep in the icebox or on a table, but in an appropriately safe place of their own.

4. To focus on parents' expectations of the baby and the reality of potential problems, flip a coin to determine the sex of a child and have a statistically representative percentage of multiple births and disabled babies. Have a parent of a disabled baby research available resources and cost of services for their "child."

5. Eggs should be bathed daily; their diapers need to be changed approximately every 2 hours.

6. Eggs, like children, cannot be stuffed in a pocket or locker and forgotten until the exercise is over.

The adolescents' parents should listen to the instructions given to their children so that they can cooperate with the exercise.

Some teenagers may not cooperate at all with this exercise; probably no one will follow all the rules exactly. However, if group members gain any awareness of the responsibilities of being parents, the activity has been successful.

Discussion Points:

1. How did you feel the first day about being a "parent"? How does this compare to your feelings now that the exercise is completed? Did you feel relieved the exercise was over?
2. Did you follow all the rules? If not, did you think the rules were "out of line"?
3. What was the hardest job in being a parent the last few days?
4. From this experience, do you feel you are ready to be a parent? Has your idea of the responsibility of parenting changed any?
5. Parents: How did you feel about your child's care of the "baby"?
6. Did you feel the exercise introduced them to real parenting issues? If yes, what were they? If no, what was missing?
7. Discussion of egg activity experience naturally leads into "Prepared Parenthood" and "How Would Your Life Be Different?" activities.

Activity 49
DEAR EDIE

Purpose: To practice decisionmaking and problem solving skills in relation to human sexuality issues.

Appropriate Target Group: Mother/daughter groups.

Materials: "Dear Edie" index cards. See Teacher Resource for sample letters.

Time: 30-60 minutes.

Procedure: Have participants form mother/daughter pairs, and give each pair one or more letters. Instruct participants to read the letter; consider the problem, alternative solutions, and information that may be needed; and develop a response to the letter. When they have finished, reconvene the group and ask participants to share their letters and suggested advice with the whole group.

Alternative procedure for adolescent groups: Divide group into two adolescent groups (A and B) and two parent groups (C and D). Distribute three or four "Dear Edie" letters to each group so that groups A and C and groups B and D have the same letters. Have each group independently read and discuss their letters.

Discussion Points:

1. How did you feel about giving advice?
2. Which dilemmas were most difficult?
3. Did you always have enough information to give a good answer?

Teacher Resource for Activity 49

"DEAR EDIE" SAMPLE LETTERS

Mother/Daughter (9-12 Age Group)

1. Dear Edie,
   How can I tell my Dad, without hurting his feelings, that I'm growing up? He seems to think I'm still a little girl and comes into my room anytime. He even comes into the bathroom. Sometimes I want some privacy and I want him to know I'm growing up. What should I do? Little girl

2. Dear Edie,
   I am 13 years old. It seems as though all of my friends have started having periods, but I haven't. I really feel strange about this. My sister says I should be thankful, that having periods is a nuisance and I should hope I don't start soon, but I'm beginning to wonder if I'm normal. Different

3. Dear Edie,
   All of the girls in my class have started wearing bras, but my breasts have not grown very much and I really don't need one. I feel really weird being the only one without a bra, plus I kind of envy girls whose breasts are bigger. My friend Sharon has large breasts and she says she feels weird about her breasts, too. How can that be? Waiting

4. Dear Edie,
   I'm really concerned about my 11-year-old daughter's grooming habits -- especially cleanliness. I'm particularly concerned about how often she bathes and changes her pad or tampon during her period. How can I stress the importance of cleanliness without coming on like a nag? Mrs. Clean

5. Dear Edie,
   I like a boy in my class at school, but he says that he hates girls. He either makes ugly faces at me or ignores me. Why do girls start liking boys before boys start liking girls? Do you think he will ever like me? Confused

6. Dear Edie,
   I am 10 years old. Sometimes I feel very sexy, like I really like being a girl and feel good about my body, but I wish I could be older and my body would grow faster. Sometimes I like to feel my body or just look at it, kind of to get to know it better. Am I weird because I sometimes feel this way? Anxious

7. Dear Edie,
   My menstrual periods aren't regular yet, so I always carry a couple of minipads in my purse in a special plastic case. Last week, while hurrying through the hall to get to my next class, I bumped into a guy, my purse fell out of my hand, and all the contents spilled out on the floor. He stopped to help me pick up my junk and was very nice, but I was so embarrassed when he handed me that "special plastic case." I really blushed and felt like crying. I grabbed my purse and ran off without even saying "Thank you." Now wnen I see him in the halls or in class, I feel all shaky inside. I purposefully avoid him. Do you think he knows what's going on? Wondering

8. Dear Edie,
I don't know how to handle embarrassing situations -- like not being able to answer a question in class or discovering that the zipper in my slacks has come unzipped. I feel terrible for hours after I've done something like that. How can I handle these things better? Embarrassed

9. Dear Edie,
I think that my room should be the one place where I have privacy. My mother is always going in when I'm not there and putting things away and snooping into my purse and notebooks when she does it. She pretends she's cleaning up my room, which I must admit is a wreck. What can I do to get more privacy? Messy

10. Dear Edie,
My periods don't always happen at expected times. Last week I went bowling with my family, and my period started at the bowling alley. It made a spot on my slacks, and I was really embarrassed. How can I keep things like that from happening? Caught unprepared

11. Dear Edie,
I just started having periods. I'm the only girl in the whole family and I'm in the middle of all four brothers. How much should I tell them about what's happening to me? Only girl

12. Dear Edie,
Don't you think it's important to dress like everybody else? My mother says my pants are too long, but everybody wears them that way. She also wants me to pull my hair away from my face when I want it to fall down around my face. I think a girl should look and dress like other girls her age and not the way her mother did when she was a girl. Hates to be different

13. Dear Edie,
When I have a period, I have a lot of trouble with cramps. I've been really lucky that it has never happened to me at school. I know that it probably will happen sooner or later at school, and I'm worried about what I should do. I can't just walk out of a classroom without an explanation. What do I say to the teacher? What will the class think? Where should I go if I can't stay in class? What do most girls do? Thinking ahead

14. Dear Edie,
One of my friends at school isn't as careful about bathing and washing her hair as she should be. Sometimes she looks and smells like she needs to brush her teeth, too. Her mother works and can't help her get ready in the morning. How can I help her learn how important these things are without hurting her feelings? Friendly

15. Dear Edie,
I am unhappy and embarrassed because I feel shy. I wish I could talk to people more easily. Shy

16. Dear Edie,
My mom is always telling me to stand up straight. Now she wants me to go to a "charm school." Just why is all this acting "feminine" stuff important? I don't want to be "feminine." What can I do? Likes being a Tomboy

17. Dear Edie,
I hate my freckles and they make me ugly. What can I do? Worried

Mother/Daughter (13–16)

1. Dear Edie,
   The school nurse says that after using the toilet, a girl should wipe with tissue from front to back. I'm not sure I understand why. Can you explain it to me? Susie

2. Dear Edie,
   I'm an honor student, a junior in high school, and very much interested in art. Tommy is a senior and just about the greatest. We have so many things in common. He plans to be a commercial artist and has already won several blue ribbons in contests and exhibits he's entered. We like the same music, books, everything. But there's one big problem — I'm White and Tommy is Black. My parents are terribly strict and when they found out that Tommy is Black they told me not to go out with him or even talk with him on the phone. I love my parents, but aren't they being prejudiced about this? What can I do? Upset

3. Dear Edie,
   I really like Jim and am going with him, but here's the problem: he's always touching me. If we're walking down the hall at school he always has to have his arm around me. How can I let him know this bugs me without hurting him? Feeling crowded

4. Dear Edie,
   My friend says that abortion is wrong. I feel that it's okay in some circumstances. Who is right? Concerned

5. Dear Edie,
   My boyfriend and I are very much in love and have been going steady for almost 6 months. We're both seniors in high school and we're both honor students. We are alone a lot, in the car especially, and have been doing some petting. Sometimes I feel guilty, but he says if we're in love it's all right. I do love him and I want to do the things we're doing, too. I just can't seem to stop either. What should I do? Guilty

6. Dear Edie,
   What can a girl say when turning down a kiss on the first date? Especially If she wants the guy to come around again. I don't want to

7. Dear Edie,
   Some of my girlfriends and I like to go walking together on Saturday afternoons or in the evening. We go to the carry out for ice cream or just walk around. Naturally, we run into boys lots of times and then stand around the street and talk, or just walk together and have lots of fun. My mother thinks I'm chasing the boys when I do this and we always fight about it. She says it's cheap. We're not doing anything bad at all. Why does she make such a fuss? Confused

8. Dear Edie,
   My mother won't let me go on car dates. I am almost 15, and my boyfriend has his license. It is very awkward, since he can drive and I can't ride. What can I do? Walking dilemma

9. Dear Edie,
Some of my friends and I were talking about how to say no. Why is it so much harder to say no than yes? Like not wanting to accept some invitation but you're afraid you'll hurt someone's feelings if you don't. Or how to say no when your date or the other kids are going somewhere that you know is out of bounds for you. It's always such an awkward situation. What's the best way to do it? Cautious

10. Dear Edie,
Which is better, to go to a school dance with a creep or to sit home?
Waiting

11. Dear Edie,
I have a friend who is dating a guy and she says that they have had intercourse. I really care about my friend and I'm worried that she may get pregnant or something. What should I say to her? Concerned

12. Dear Edie,
It's really important that I dress fashionably like my friends. I would like to wear halters, tube tops, jogging shorts, bikinis, and leotards like my friends -- and, of course, nobody wears a bra anymore. My appearance has really become an issue between my mom and me. We argue about it often. She says that if I dress like that I'm just "asking for it." What does she mean? Why can't I be like everybody else? Hates to Be Different

13. Dear Edie,
Last week after pompom practice, I was in a hurry to get home. I didn't change from my practice shorts and I took a shortcut through the alley. I was raped by a man that I had never seen before. He told me that he would come back if I told anyone. I went home, showered, and burned my clothes. I haven't told anyone about what happened. I'm so scared. I'm afraid that people will think that I was asking for it by being dressed like that and going through the alley. What will my boyfriend think? What should I do? I still have nightmares about it. Scared

14. Dear Edie,
I'm seventeen years old. I've been going with Ted for almost one year. Lately, our relationship has begun to cool off. I believe that Ted has been going out on me. I know if I was pregnant that Ted would marry me and forget about other girls. There's nothing that I want more than Ted and his baby. I'm sure that this is what he really wants, too. I know that it might be rough at first, but we really love each other. A baby would bring us back together and make everything perfect. What do you think? Wants Baby

15. Dear Edie,
I've missed two periods. I feel sick to my stomach a lot, and my breasts seem tender and swollen. I've never been late for my period before. John and I have been dating several months now. We've only had sex a few times. Can I be pregnant? What should I do? Nobody knows that I've missed my period. What if I am pregnant? I'm only sixteen. Worried

16. Dear Edie,
My daughter, Carrie, is sixteen years old. She's been dating Joe, age 18, for over a year. I like Joe -- he seems like a nice young man. I know that they have talked about getting married. I'm beginning to suspect that they are having sex together. I don't approve of premarital sex and I don't want my

daughter to be faced with a pregnancy at 16. Forbidding her to see Joe seems unrealistic and yet I can't just hand her a package of birth control pills and say everything is OK with me. Carrie and I have a good relationship and can talk about most things, but we've never really talked about sex. Concerned Mother

17. Dear Edie,
My best friend and I have always done everything together. Now she tells me that she plans to go off to college and pursue a career in business or law. She feels that a career is most important. I don't buy all this women's lib stuff. I plan to go to secretarial school and work only until I get married and start my family. I believe that a woman's place is in the home. Which one of us is weird? Confused

18. Dear Edie,
Most of my friends are going steady. I am 16 years old and have been dating Bill regularly, but not exclusively, for several weeks. Now he has asked me to go steady, but I'm not sure that "going steady" is right for me. Will you please discuss the pros and cons of going steady so that I can look objectively at both sides before making any decision? Thinking

19. Dear Edie,
I'm a freshman in high school. I've had my eye on Jim all semester. He's real cute and a very popular football player. He's finally asked me out, but now my parents won't let me go. They say he's too old; he's a senior. His age is the only reason they give for not letting me date him; they say that I should date someone my own age. All the freshman boys are so immature. The only guy that I want to date is Jim. What should I do? Too Young

20. Dear Edie,
My girlfriend just told me that her old boyfriend, Ron, is being treated for gonorrhea. She is now dating Tom. I know that she has been sexually involved with both guys. She hasn't sought any medical attention for testing or treatment. She claims that she doesn't have any symptoms and that since she is on the pill she doesn't have anything to worry about. I think that she is afraid to tell Tom -- afraid that he might drop her. What should she do? How could she get in such a mess? Concerned Friend

Activity 50
DEAR BEST BUDDY

Purpose: To practice decisionmaking and problem solving skills in situations boys and fathers encounter during the boys' puberty years.

Appropriate Target Group: Father/son groups.

Materials: "Dear Best Buddy" index cards. See Teacher Resource for Sample Letters.

Time: 20-40 minutes.

Procedure: Divide group into smaller groups consisting of two pairs of fathers and sons. Give each small group one or more letters and ask them to read the letter; consider the problem, alternative solutions, information that may be needed; and develop a response to the letter. When they are finished, reconvene the large group and ask them to share their letters and advice.

Alternate procedure for adolescent groups: Divide group into two adolescent groups (A and B) and two parent groups (C and D). Distribute three or four "Dear Best Buddy" letters to each group so that groups A and C and groups B and D have the same letters. Have each group independently read and discuss their letters.

Discussion Points:

1. How did you feel about giving advice?
2. Which dilemmas were most difficult?
3. Did you always have enough information to give a good answer?

Father/Son (Preadolescents)

1. Dear Buddy,
   My son needs some information about body changes. When I was growing up, my father never said anything to me. How can I tell my son what he needs to know and not be embarrassed? Wants to know

2. Dear Buddy,
   I'm the only boy in a family of older sisters. They are driving me crazy. They walk around the house with very few clothes on and talk about their periods and stuff. I don't feel that any of them understand the changes that I am experiencing. Who can I talk to? Sexual thoughts

3. Dear Buddy,
   Please tell us guys what to do about girls. They call us at home and almost attack us at school. We just want to play ball. Girls! Yuk! The guys

4. Dear Buddy,
   My family all tease me about the "fuzz" on my face. I'm proud of it but wish they would quit. How do I get them to take me seriously? Fuzzy

5. Dear Buddy,
   I've got a little sister who doesn't respect closed doors. Last night she came into my room when I was naked. What can I do to make her stop? I'm embarrassed. Still blushing

6. Dear Buddy,
   I'm embarrassed every time I bring my gym clothes home to be washed. I want to disappear when my mom washes my athletic supporter. Then to make it worse, my sister hangs the clothes up outside. I need clean clothes, but I'm blushing. Red face

7. Dear Buddy,
   I've got a serious problem. My penis gets erect at some embarrassing times. Yesterday, I had an oral report to give in class. While I was talking, I got this big lump in my jeans. What should I do? The boys snickered and I think the girls were smiling. Help!!

8. Dear Buddy,
   Why are my folks always reminding me to take a bath? They don't think I dress very well either. I just want to be one of the guys and they want me to look neat and clean. What should I do? One of the guys

9. Dear Buddy,

   I'm really interested in what my son is doing and like to hear what's going on. But when I ask him questions, he clams up. How can I let him know I'm interested and not nosey? Just interested

10. Dear Buddy,
I'm unhappy and embarrassed because I feel shy. I wish I could talk to people more easily. Shy

11. Dear Buddy,
I don't know how to handle embarrassing situations -- like not being able to answer a question in class or discovering that my jeans are unzipped. I feel terrible for hours after something like that. Embarrassed

12. Dear Buddy,
All of my friends have started growing. I'm still short and little. They all have muscles and hair and their organs are getting big. Do you think there is something wrong with me? Shrimp

13. Dear Buddy,
How can I tell my mom (without hurting her feelings) that I'm growing up? She still kisses me goodbye in the morning and sometimes walks into the bathroom while I'm in the tub. What should I do? Son

14. Dear Buddy,
I want to learn how to cook but my dad says it's "woman's work." Some nights I watch my mom make the neatest stuff and I want to try to do it, too. Is cooking all girl's stuff? Confused

Father/Son (Adolescents)

1. Dear Buddy,
My mother gets me up for school every day. Lately it seems every time I get up, I have an erection. This is embarrassing since I'm sure mom notices. What can I do? Am I normal?

2. Dear Buddy,
I really enjoy cooking and would like to take a Home Economics course in school. My dad and all my friends tell me its women's work and I'm a sissy. Is cooking really just for girls?

3. Dear Buddy,
My dad really pushes me to be athletic. He always wants to go out and play catch or shoot baskets. I'd rather work on my hobbies -- painting and playing the piano. How can I let him know I don't like sports without hurting his feeling?

4. Dear Buddy,
A new guy is in a lot of my classes. I like him a lot and we've become good friends. However, other guys I know call him "queer" because he dances and they say he walks funny. Now they say that I must be "queer" too. What do they mean? How can you tell?

5. Dear Buddy,
A girl in several of my classes just called and asked me to go to a school dance. She's okay, but I don't know about being asked out by a girl. Is that okay? My folks weren't home, so I told her I'd let her know tomorrow. My friends are going to the dance, but none have dates. What should I tell her?

6. Dear Buddy,
A friend of mine keeps offering me sexy magazines he gets from an older brother. The magazines show people doing all sorts of sexual things. The pictures are exciting and sometimes cause me to get an erection. Is that normal? Why do I sometimes feel guilty afterwards?

7. Dear Buddy,
A girl that's a good friend told me she went out with an older guy and he forced her to have intercourse with him. She says she has nightmares about it, but hasn't told anyone but me and another friend. Is this rape? What can I do to help her?

8. Dear Buddy,
All my friends brag about "how far" they went with the girls they go out with. When they ask me, I just mumble or say nothing. Now they tease me and call me "Saint." Should I make up stories to make them happy?

9. Dear Buddy,
I sometimes get an erection sitting in class. This really embarrasses me. What can I do to keep it from happening?

10. Dear Buddy,
I'm 15 and want to begin dating. My parents say to wait until I'm older. Most of my friends date. I've got a girlfriend, who I talk to at school and see around town, but I'd like to take her to a show or go somewhere special. How do I convince my parents I'm old enough to date?

11. Dear Buddy,
Some of the girls at school are real aggressive and mean. They grab us in the hallway and yell terrible things at us. Last week they took my friend's gym clothes and were throwing them in the hall. What can we do to get them to lay off?

12. Dear Buddy,
My best friend is having a party next weekend while his folks are gone. He said he plans to have lots of beer and that several kids (guys and girls) plan to stay all night. It sounds like fun, but I know my parents wouldn't let me go. Do I lie to them so I could go, or just stay home?

13. Dear Buddy,
1'm 16 and I get really embarrassed when I have to undress in the shower around the other guys. I'm not circumsized and my penis and testicles seem to be a lot larger than everyone else's. I feel like everyone stares at me. Can I do something to make me more like everyone else?

14. Dear Buddy,
Everyone at school is talking about a 14-year-old girl that had an abortion. Some say she murdered her baby. Others say she was doing the right thing. Why is this such a big issue? Who is right or wrong?

15. Dear Buddy,
My mother always walks into my room or the bathroom while I'm getting dressed. This is embarrassing now, but it didn't bother me a few years ago. How can I let her know I'd like more privacy now?

16. Dear Buddy,
I'm a 13-year-old boy and have noticed that my breasts are getting bigger. My older sister jokingly offered me a bra. Is there something wrong with me? I seem to be normal in other ways.

17. Dear Buddy,
How can I let my son know I'm interested in what he is doing? It seems every time I try to talk to him about what he likes to do and how he feels, he says he has to go do something with his friends. How can I get more involved?

18. Dear Buddy,
My new school is full of groups -- there are the jocks, the hoods, the musicians, and so on. I don't fit into any group very well, so I never get involved in any social activities. My folks say I'm shy, but I feel isolated and lonely. How can I get into one of the groups? And which one would be best?

19. Dear Buddy,
Everyone seems to be going steady, but I would rather date several people. A lot of my friends disagree with this. And most of the girls I'd like to take out seem to be going with someone. Is going steady that great?

20. Dear Buddy,
How do I act on a date? When do I know if I can hold a girl's hand or put my arm around her? And how do I know if I can kiss her goodnight? My first date is this weekend, and I don't think I can ask my parents these questions.

Activity 51

HUMAN SEXUALITY GAME

Purpose: To review all material covered up to this time in class and to provide an opportunity to discuss general questions related to self-awareness, values, sexuality, masculinity/femininity, etc.

Appropriate Target Group: All groups.

Materials: A board game for each group of four to six (see example in Teacher Resource A). On a posterboard, arrange spaces in a "no-end" pattern -- circle, wagon wheel, figure-8, or rectangle.

- 4 yellow squares labeled "Start Here" (2 x 2 inches)
- About 20 blue squares (2 x 2 inches)
- About 20 green squares (2 x 2 inches)
- About 13 red "information" squares
- 4 "Enter Here" goldenrod blocks
- 1 space each for "Green Cards" and "Blue Cards"
- 1 large rectangle (about 4 x 6 inches) marked "Human Sexuality Game"

Using the example as a guide, glue the squares and blocks around the board. If you wish, decorate the boards with drawings, magazine pictures, or cartoons of males and females at different ages and stages.

Type "fact" questions on blue 3 x 5 cards, "feeling" questions on green 3 x 5 cards (see Teacher Resource B). These cards will be placed face down on the board on the spaces marked for them.

Provide markers for each player and a die for each game board.

Time: 30 minutes.

Procedure: Instruct participants to divide into groups of four or six, two or three parent/child pairs in each group. Give each group a game board, a set of blue and green question cards, a marker for each player, and one die. Players take turns rolling the die and moving the number of spaces indicated.

- A player who lands on a green or blue space should draw the corresponding card and respond to the question on it.
- A player who lands on a red space should follow the written directions on the space.
- A player who lands on an "Enter Here" space can begin at the next turn to move toward the central "Human Sexuality Game" space. (This game can be played competitively by giving one point to a team or individual player who arrives at the "Human Sexuality Game" space, or just for fun.)

- A player who lands on the center space would leave it in the next turn according to the role of the die, following any pathway toward the perimeter of the board.

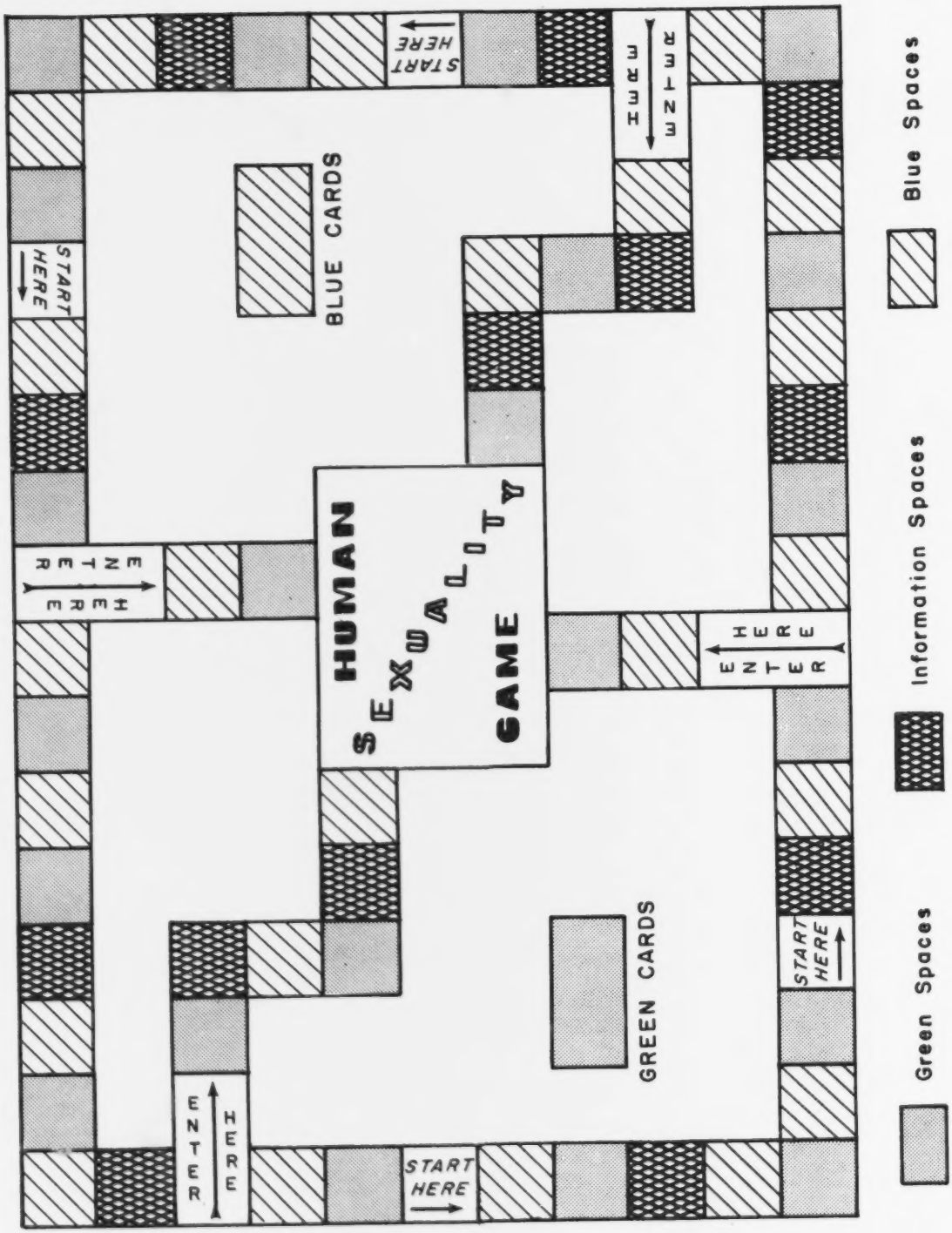
Continue playing until all questions have been drawn or the time allotted has elapsed.

Discussion Points:

1. Were there any questions you had difficulty answering?
2. Which were easier, the blue cards or green cards?
3. Do you think you could have played this game the first night of the course?

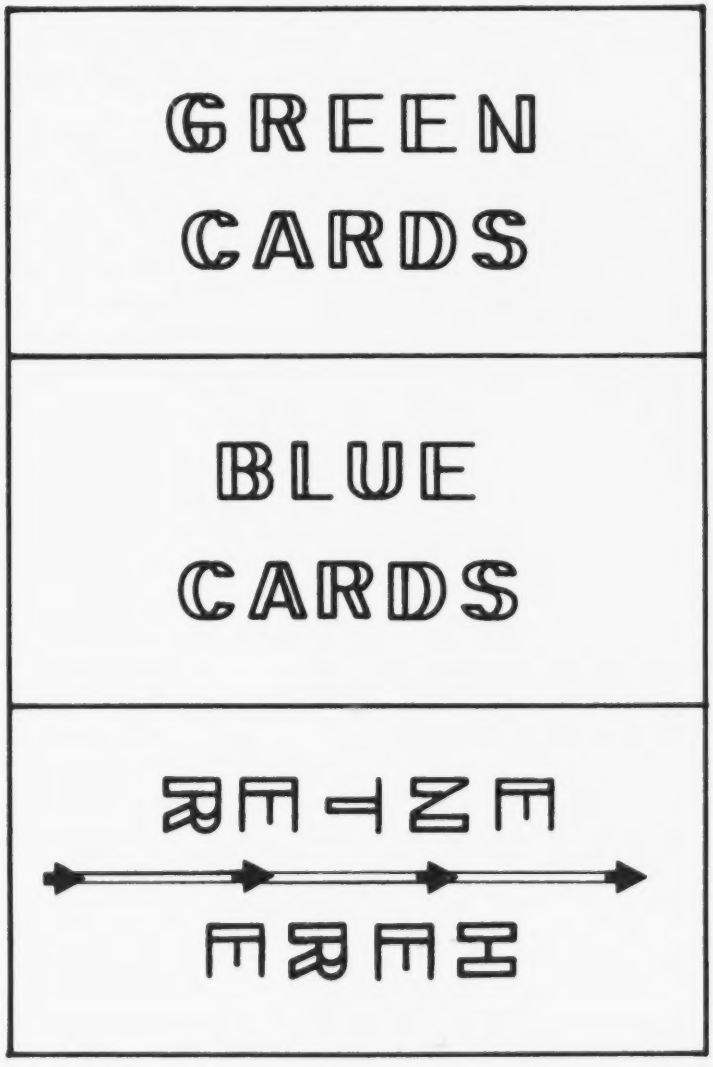
Teacher Resource A for Activity 51

SAMPLE DESIGN OF HUMAN SEXUALITY GAME

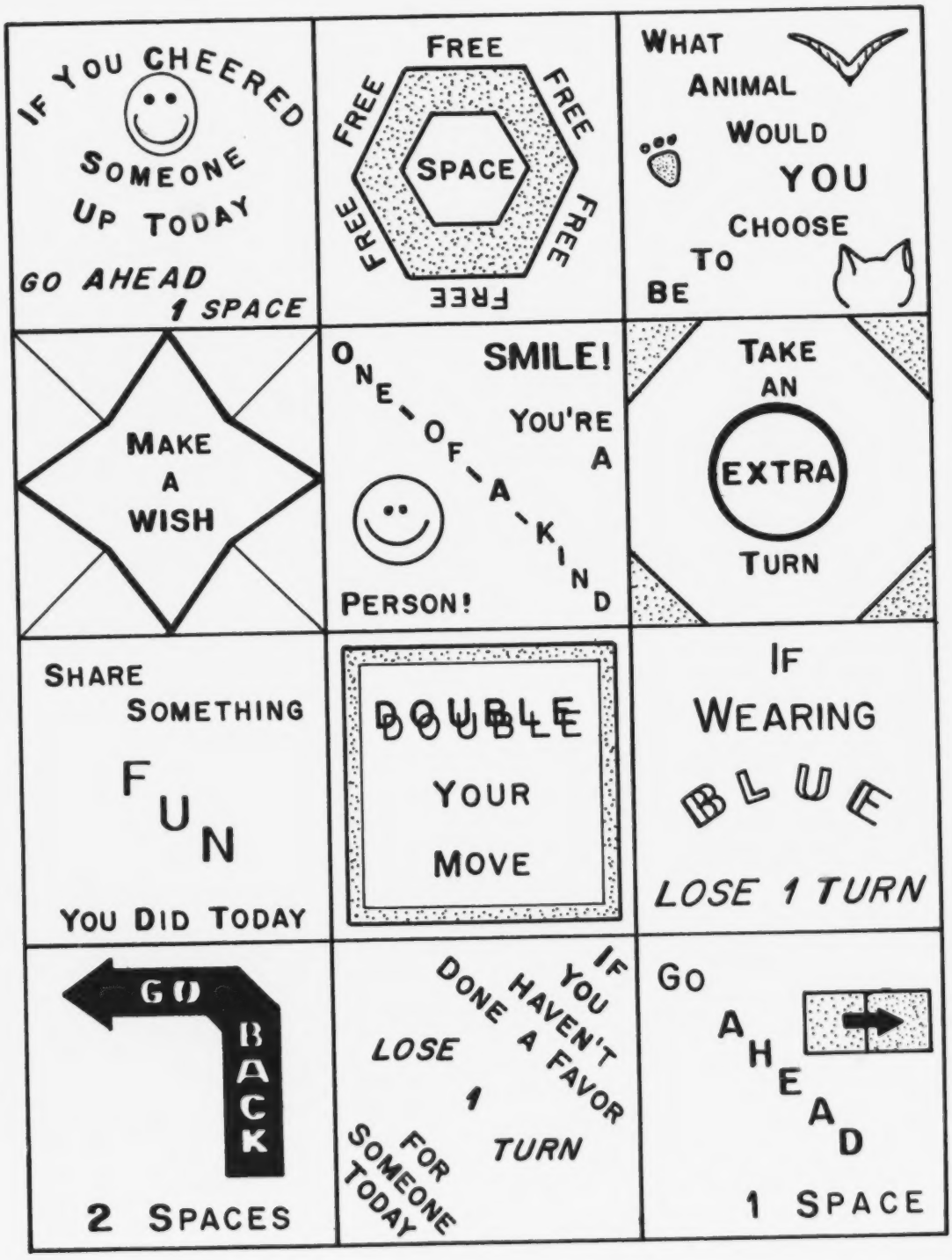


WHAT
WOULD YOU
DO WITH A
$
1,000,000
$$$$$$$$

START
HERE


GREEN
CARDS
BLUE
CARDS

155


IF YOU CHEERED SOMEONE UP TODAY
GO AHEAD 1 SPACE
FREE
FREE
FREE
FREE
FREE
FREE
SPACE
WHAT ANIMAL WOULD YOU CHOOSE TO BE
MAKE A WISH
ONE-OF-A-KIND
SMILE!
YOU'RE A
PERSON!
TAKE AN
EXTRA
TURN
SHARE SOMETHING
FUN
YOU DID TODAY
DOUBLE
DOUBLE
YOUR
MOVE
IF WEARING
BLUE
LOSE 1 TURN
GO
BACK
2 SPACES
IF YOU HAVEN'T DONE A FAVOR
LOSE
1
TURN
FOR SOMEONE TODAY
GO AHEAD
1 SPACE

HUMAN SEXUALITY QUESTIONS

Father/Son (Preadolescents)

Blue Cards

1. Which parent determines the sex of the baby?
2. Approximately how many sperm are in each ejaculation?
3. True or false: The force of an ejaculation varies from man to man.
4. True or false: Boys begin to have erections at birth.
5. If you could see sperm under a microscope, what would they look like?
6. Is it normal for a boy to develop "lumpy" breasts at puberty?
7. What is a condom?
8. Describe the process of ejaculation.
9. Why do girls have periods?
10. When do boys start producing sperm?
11. True or false: Sperm die quickly if outside of the body.
12. True or false: Sperm will die inside a woman's body after 24 hours.
13. How does the penis become erect?
14. To start a baby growing, how many sperm must fertilize the egg?
15. Why do boys and men wear athletic supporters?
16. Share a myth or tall tale (untruth) that you have heard about wet dreams.
17. True or false: Not all males have wet dreams.
18. What is a circumcision?
19. What is the name of the chapping in the genital area?
20. When is the best time to examine testicles?
21. True or false: Intercourse is the way sperm get from the man's penis into the woman's vagina.
22. At what time during the menstrual cycle can fertilization occur?
23. True or false: Sperm are produced in the man's testes located in the scrotum.

24. True or false: An egg is fertilized in the fallopian tube.

25. What is the main hormone for girls and women?

26. True or false: It takes both an egg cell and a sperm cell to produce a baby.

27. What is the main hormone for girls and women?

28. True or false: It takes both an egg cell and a sperm cell to produce a baby.

29. How many months does it usually take for a baby to develop from the time of fertilization until birth?

30. True or false: An egg is the female sex cell and a sperm is the male sex cell.

31. True or false: Boys usually experience their first ejaculation between the ages of 11 and 15.

32. How long (number of days) is the average menstrual cycle?

33. What is the main hormone for boys and men?

34. The eggs from the ovaries travel through canals called the _____ on their way to the uterus.

35. During childbirth, the baby leaves the mother's body through the passageway or canal called the _____.

36. What is the average age for a girl to begin having menstrual periods?

37. Eggs are stored and mature in the _____.

38. What is the name of the gland at base of the brain that controls hormone production?

39. True or false: Most girls have periods for a year or more before their periods become regular.

40. How does a woman know when she is going to have a baby?

41. Tell about 2 body changes that occur during puberty.

42. True or false: Girls usually experience puberty (body changes) before boys.

Green Cards

1. Describe the ideal son/father.

2. Tell about a man you know who has a great influence on your life.

3. The thing I like most about being a boy/man is _____.

4. The think I dislike most about being a man/boy is _____.

5. Share how you felt, or think you might feel in the future, about your first ejaculation.

6. How do you feel about talking to your father/son about body changes, reproduction, etc.?

7. Do you think it is OK for a boy/man to cry?

8. What qualities do you like in a girl?

9. How do you feel about your son growing up?

10. Tell three things you like to do.

11. Tell about two chores you do at home.

12. If I become a father, I will _____.

13. How do you show the people you love that you love them?

14. Would you like to get married? What kind of wife would you choose? (If you are married tell one quality that you admire in your wife.)

15. Why do you friends like you?

16. Would you like to be older or younger than you are now?

17. During this course, I discovered that I _____.

18. Right now I'm feeling _____.

19. When I feel "down" or sad, I _____.

20. If you could change something about your body, what would it be?

21. Tell one thing that you like about yourself.

22. Tell the group two things that you can do well.

23. Describe the ideal mother/daughter.

24. I feel embarrassed when _____.

25. How do you feel about boys taking dancing lessons?

26. What is/was the scariest thing about your body changing?

27. How do you feel about girls playing baseball on Little League teams?

28. What do you suppose it feels like to be pregnant?

29. How would/do you feel about giving yourself a testicular exam?

30. Is it okay to discuss wet dreams and masturbation with friends?

31. Describe your feelings about being examined by a female physician.

32. Can boys discuss body changes with their mothers?

33. What do boys discuss about female development

34. Do boys compare penis size? How do you feel about this?

35. How do you feel about knowing how your internal reproductive organs work?

36. Have you ever been embarrassed about having an erection?

37. How do you feel about attending this course with your father/son?

38. If you have a sister/daughter, have you ever had discussions with her about development?

39. Is it important to know about the development of the opposite sex?

Mother/Daughter (Preadolescents)

Blue Cards

1. True or false: The release of semen (fluid containing sperm from the man's body) is called ejaculation.

2. True or false: Young girls who have never had sex can wear tampons.

3. Which kind of underpants are more healthy: cotton or nylon?

4. True or false: Girls usually begin having menstrual periods about 2 years after the beginning of breast development.

5. At what time in the menstrual cycle does ovulation (release of an egg) occur?

6. Is it OK to bathe or shower while having a menstrual period?

7. Is it OK to exercise during your period?

8. How soon after the first signs of puberty does a girl usually have her first period?

9. How does a woman know when she is going to have a baby?

10. What is the age range for a girl to begin having menstrual periods?

11. How long (number of days) is the menstrual cycle?

12. True or false: A fertilized egg develops into a baby inside the woman's uterus.

13. What is the name of the gland at the base of the brain that controls hormone production?

14. True or false: Boys usually experience their first ejaculation between the ages of 11 and 15.

15. Usually for girls, the first sign that puberty is starting is _____.

16. The eggs from the ovaries travel through passageways called the _____ on their way to the uterus.

17. True or false: The ovum or egg is fertilized in the fallopian tube.

18. The menstrual fluid leaves the body through a passageway called the _____.

19. True or false: Menstrual flow usually lasts an average of 4 days, but 3 days are normal, and so are 7 days.

20. Eggs are stored and mature in the _____.

21. True or false: Sperm are produced in the man's testes, which are located inside the scrotum.

22. True or false: An egg is the female sex cell; a sperm is the male sex cell.

23. During childbirth, the baby leaves the mother's body through a passageway or canal called the _____.

24. Once a month an egg ripens and is released from the ovary. This process is called _____.

25. True or false: It takes both an egg cell and a sperm cell to produce a baby.

26. True or false: Intercourse is the way sperm get from the man's penis into the woman's vagina.

27. How many months does it usually take for a baby to develop from the time of fertilization until birth?

28. How often should a pad or tampon be changed?

29. Is it normal to have a vaginal discharge?

30. When is a vaginal discharge considered abnormal?

31. How should a girl wipe after using the toilet?

32. Is it common to get "sensitive," "moody," or "blue" right before having a period?

33. True or false: Most girls have periods for a year or more before their periods become regular.

34. Share one myth or tall tale (untruth) that you have heard about reproduction or childbirth.

35. What is a circumcision?

36. What is a wet dream?

37. What causes an erection?

38. Semen is ejaculated out through the _____.

39. What is the predominant hormone for women?

40. What is the predominant hormone for men?

Green Cards

1. During this course, I discovered that I _____.

2. Right now I'm feeling _____.

3. I came to this class because _____.

4. If you could change something about your body, what would it be?

5. During this course, I learned that _____.

6. How do you feel about the shape of your body?

7. Tell one thing you like about yourself.

8. During this course, I was surprised that I _____.

9. Do you think it is all right for boys to take dancing lessons?

10. One thing I do to keep healthy is _____.

11. What is/was the scariest thing about your body changing?

12. What do you suppose it feels like to be pregnant?

13. How do you think your father feels/felt about you "growing up"?

14. Do you think that it is all right for girls to play baseball on Little League teams?

15. Tell about a woman you know who has had a great influence on your life.

16. A famous woman that I admire is _____. Why?

17. How do you think boys (ages 10-12) feel about menstruation?

18. The thing I like most about being a girl/woman is _____.

19. The thing I dislike most about being a girl/woman is _____.

20. Tell a slang word or another word for menstruation. How do you feel when you hear that word?

21. Do you think a girl should shave her legs and under her arms? If so, when should she start?

22. Share one myth or tall tale (untruth) that you have heard about menstruation.

23. Describe the ideal daughter/mother.

24. I feel embarrassed when _____.

25. How do you feel about talking to your mother/daughter about menstruation, body changes, reproduction, etc.?

26. Which do you think is better to use during a period: sanitary napkins or tampons?

27. With whom do you feel comfortable talking about menstrual periods?

28. Are you more like "Terry Tomboy" or "Penny Princess"?

29. Share how you felt or feel about having your first menstrual period.

30. Are you happy you're a girl? Why or why not?

31. Describe two chores that you do at home.

32. Describe the ideal father/son.

33. When do you think a girl should start showing her legs and underarms?

Father/Son (Adolescents)

Blue Cards

1. What do ovaries do?

2. What is prenatal care?

3. Why is venereal disease so serious?

4. What are the main types of venereal disease?

5. How many stages occur during childbirth?

6. If a woman had a venereal disease and is pregnant, can the baby get the disease?

7. How many eggs are usually released at a time during a woman's ovulation?

8. What do sperm look like?

9. Some symptoms of pregnancy are _____.

10. Can a baby get the hiccups while still inside the mother's uterus?

11. Another name for the birth canal is _____.

12. How many days does an average pregnancy last?

13. What is the endometrium (the lining of the uterus) for?

14. In what part of the woman's reproductive system does fertilization occur?

15. What gland at the base of the brain controls hormone production?

16. At what time in the menstrual cycle does ovulation occur?

17. One egg ripens, bursts out of its follicle (egg case), and leaves the ovary. This process is called _____.

18. At what time during the menstrual cycle can fertilization occur?

19. True or false: The release of semen (fluid containing sperm) from the man's body is called ejaculation.

20. What is the main hormone for girls and women?

21. What is the main hormone for boys and men?

22. Menstrual blood and fluid leave the woman's body through a passageway called the _____.

23. Tell about three ways boys' bodies change during puberty.

24. What is a wet dream?

25. Is it common for a girl to get sensitive or moody before her period?

26. Why do men and boys wear athletic supporters?

27. When the baby is about to be born, the muscles of the mother's uterus start to contract or tighten. These muscles begin to push the baby down toward the vagina, and eventually out into the world. This stage of delivery is called _____.

28. When a pregnancy does not last full term and results of conception are passed from a woman's body naturally, a _____ has occurred.

29. Which parent determines the sex of the baby?

30. How many sperm are in each ejaculation?

31. True or false: Some men ejaculate with a lot of force, and for some men it oozes out of the penis.

32. True or false: Semen coagulates right after ejaculation, but becomes more liquid 30 minutes later.

33. Is it normal for a boy to have "lumpy breasts" during puberty?

34. Describe the process of ejaculation.

35. How much fluid is in an ejaculation?

36. True or false: Sperm die quickly if outside of the body.

37. True or false: Regardless of size when soft, most penises are about the same size (6 to 7-1/2 inches long) when erect.

Green Cards

1. How do you feel about teenagers using birth control?
2. What magazines do you read regularly?
3. What do/did you like best about school?
4. What is there about you which makes your friends like you?
5. What one thing would you change about yourself if you could?
6. How do you feel about going steady?
7. How many children, if any, would you like to have?
8. How do you feel about interracial marriage?
9. How do you feel about homosexuality?
10. Are you happy you are a boy? Why or why not?
11. What are three things that you can do well?
12. Would you like to get married? What kind of wife would you choose? (If married, tell one quality that you admire in your wife.)
13. Describe the ideal father.
14. How do you show the people that you love that you love them?
15. If I become a father, I will _____.
16. I feel embarrassed when _____.
17. If you could change something about your body, what would it be?
18. If you could have any job, what kind of job/career would it be?
19. What would it be like if men could have babies too?
20. When I hear about a female athlete beating a male athlete, I feel _____.
21. Something I think most people notice about me is _____.
22. Right now I'm feeling _____.
23. Ten years from now, I would like to be _____.
24. Tell one thing you like about yourself.
25. How do you feel about women having babies when they're not married?

26. What do you think about when someone mentions the birth of a baby?

27. A famous man I admire is _____.

28. How do you feel about the shape of your body?

29. How do you think your mother feels/felt about your "growing up"?

30. When I feel sad or "down" I _____.

31. How do you feel about talking to your father/son about body changes, reproduction, etc.?

32. Tell about a man you know who had a great influence on your life.

33. I came to this class because _____.

34. Describe the ideal mother.

35. Describe the ideal son.

36. One thing I do to keep healthy is _____.

37. What chores do you do to help out at home? Are these "masculine" or "feminine" chores?

38. Is it OK for men/boys to cry? Why or why not?

39. The scariest thing about dating is _____.

Mother/Daughter (Adolescents)

Blue Cards

1. What do ovaries do?

2. The instrument a doctor uses to see a woman's vagina and cervix is called a _____.

3. A pap smear is a test for _____.

4. How often should a woman examine her breasts?

5. What is prenatal care?

6. Why is sexually transmitted disease so serious?

7. How often should a woman have a pap smear?

8. What is usually the first sign that a girl is becoming a woman (first sign of puberty)?

9. When a pregnancy does not last a full term and the results of conception are passed from a woman's body naturally, a _____ has occurred.

10. If a woman has an STD disease and is pregnant, can the baby get the disease?

11. Does a woman continue to ovulate when she is pregnant?

12. How many eggs are usually released when a woman ovulates?

13. What is the change that happens to a woman in her 40's called?

14. What do sperm look like?

15. A doctor can tell if a woman is pregnant by testing _____.

16. Some signs of pregnancy are _____.

17. What is a baby called while it is developing in its mother's uterus?

18. True or false: A baby has fingers and toes by the end of the third month of pregnancy.

19. Another name for the birth canal is _____.

20. How many months does an average pregnancy last?

21. In what part of the woman's reproductive system does fertilization occur?

22. At what time in the menstrual cycle does ovulation occur?

23. What is the age range for a girl to begin having periods?

24. Which kind of underwear is more "healthy" -- cotton or nylon?

25. Is it common to become sensitive or emotional right before having a period?

26. Douching cleans what part of the female anatomy?

27. Is it normal for a woman to have a vaginal discharge?

28. Name and describe three types of birth control.

29. What is a vasectomy?

Green Cards

1. How do you feel about teenagers using birth control?

2. What magazines do you read regularly?

3. What do/did you like best about school?

4. What is there about you that your friends like?

5. What one thing would you change about yourself if you could?

6. How do you feel about going steady?

7. How many children, if any, would you like to have?

8. How do you feel about interracial marriage?

9. How do you feel about homosexuality?

10. How do you know when something is right or wrong?

11. Are you happy that you are a girl? Why or why not?

12. What are three things that you can do well?

13. Would you like to get married? What kind of husband would you choose? (If married, tell one quality that you admire in your husband.)

14. How do you show the people that you love that you love them?

15. If I become a mother, I will _____.

16. I feel embarrassed when _____.

17. If you could change something about your body, what would it be?

18. If you could have any job, what kind of job/career would it be?

19. What would it be like if men could have babies too?

20. When I hear about a female athlete beating a male athlete, I feel _____.

21. Something I think most people notice about me is _____.

22. Something that makes me feel feminine is _____.

23. Right now I'm feeling _____.

24. Ten years from now, I would like to be _____.

25. How do you feel about having periods?

26. Tell one thing you like about yourself.

27. How do you feel about women having babies when they're not married?

28. A famous woman that I admire is _____.

29. How do you feel about the shape of your body?

30. How do you think your father feels/felt about your "growing up"?

31. When I feel sad or "down", I _____.

32. How do you feel about talking to your mother/daughter about menstruation, body changes, etc.?

33. Tell about a woman you know who has had a great influence on your life.

34. What do you suppose it feels like to be pregnant?

35. I came to this class because _____.

36. Describe the ideal mother.

37. Describe the ideal daughter.

38. One thing I do to keep healthy is _____.

39. Describe the ideal father.

Activity 52

CLOSURE AND FINAL SUMMARY

Purpose: To summarize what participants have learned in the course and where they go from here. To allow participants to say goodbye to the facilitator and to other group members.

Materials: None.

Appropriate Target Group: All groups.

Time: 20-30 minutes.

Procedure: This is the time for personal statements about the course and anecdotes about their friends' and relatives' reactions to their taking the course.

Bring out the list of expectations that was created in the first session. Check to make sure every expectations has been addressed in some fashion by the course.

Review in a few sentences all that has been covered in the course.

Provide positive feedback to the group, expressing how you feel they have advanced.

Mention again other resources for information and counseling relating to sexuality.

Reinforce a feeling of graduation -- of participants having learned and grown. Share your perceptions of each person's growth. Ask for feedback about their experience of the course.

APPENDIX A
AUDIOVISUALS

A Family Talks About Sex. Producer/Distributor: Perennial Education, Inc., 1978, 28 min., Color, $360, Grade Level: 10-12.

Depicts open parent/child dialogue about sex-related topics in middle-class families. Presents brief dramatizations on issues such as masturbation, human reproduction, contraception, adolescent sexuality, obscenities, and privacy. It is particularly popular with parents. Because the film clearly endorses certain values, group facilitators often encourage parents to use the film to generate ideas of how they can impart their own family values. (Racially mixed characters.)

A Half Million Teenagers ... Plus. Producer/Distributor: Churchill Films, 1974, 17 min., Color, $265, Grade Level: 7-12.

Comprehensive explanation of syphilis and gonorrhea, including diagnosis, treatment, and the feelings that often accompany the need to seek medical treatment. Includes interviews with teenagers and medical personnel and ends with discussion questions. Although the film is recommended for junior and senior high audiences, it can be used with grades 5 and 6 if there is adequate preparation.

Am I Normal? Producer/Distributor: New Day Films, 1979, 22 min., Color, $375, Grade Level: 5-9.

In this humorous film, 13-year-old Jimmy tries to discover the "real story" behind the changes that his body is going through. Despite the pressures to "be cool" and "know all the answers," he finally finds some friendly adults who answer his questions about erections, wet dreams, masturbation, and other common concerns of boys. Most sexuality educators consider this film to be of excellent quality. (Ethnically mixed characters.)

Are You Ready for Sex? Producer: Mayer and Espar. Distributor: Perennial Education, Inc., 1976, 24 min., Color, $332, Grade Level: 9-12.

Intended to help adolescents clarify their values and make responsible decisions. The cast consists of a group of high school students discussing various points of view as well as a series of brief dramatizations where several couples are dealing with the decision of whether or not to have sex. Most of the teens are extremely articulate, appear to come from "middle-class" homes and have incorporated traditional values. Some youths who cannot identify with the characters may not relate well to this film. (White characters.)

Boy to Man. Producer/Distributor: Churchill Films, 1976 (Revised), 14 min., Color, $225, Grade Level: 5-7.

Describes the changes in boys during puberty: the growth spurt, skin changes

(acne), masculine physique, endocrine glands, and secondary sex characteristics. Explains the female reproductive system. Also discusses personal health, hygiene, and emotional aspects of adolescence. One of the most widely used sex education films in the country. (Racially mixed characters.)

Boys Don't Do That. Producer: Planned Parenthood of Memphis and Viscount Productions. Distributor: Planned Parenthood Center of Memphis, 1979, 7 min., Color, $65 or $265 for 5 films, Grade Level: 7-12.

While looking through a family picture album, a supposedly enlightened teenage boy and girl continue to reveal many examples of sex role stereotyping. Has been successful for stimulating discussion of this issue. (White characters.)

Dear Diary. Producer/Distributor: New Day Films, 1981, 24 min., Color, $375, Grade Level: 5-8.

This humorous film focuses on the issues that concern many young adolescent girls. Three friends explore their feelings about boys, female roles, breast development, menstruation, and growing up. While the film successfully gives information through humor, some find a few of the scenes corny. The mother in the film is portrayed as a totally inadequate resource for her daughter. (Racially mixed cast.)

Everyday Miracle. Producer/Distributor: Wilmette Films, 1980, 27 min., Color.

A film about prenatal development and the birth process. Shows actual photography of fertilization and prenatal development in the uterus. Follows a woman through her pregnancy and delivery.

Happy to be Me. Producer/Distributor: Arthur Mokin Productions, 1979, 25 min., Color, $425.

Based on a survey of more than 600 New York City public school children, this film provides an objective view of young people's attitudes toward male and female gender roles. Students of different ages and different races voice a variety of attitudes ranging from traditional to nonsexist. The range of attitudes that are expressed and the spontaneity of the interviews stimulates discussion among parents.

Human Growth III. Producer: Wexler Film Productions. Distributor: Perennial Education, Inc., 1976, 20 min., Color, $332, Grade Level: 5-8.

Describes the changes in the human body from birth to physical maturity, adolescent feelings, and reproduction. Contains unusually good drawings of reproductive organs in the body, includes interesting questions asked by young teenagers, and shows a brief live birth scene. Several segments where young married couples are interviewed about their child rearing plans may be tedious for the younger viewer. (Racially mixed characters.)

Human Reproduction. Producer: Films and Literature Unit, Missouri Division of Health. 21 minutes, Color.

Offers an objective, scientifically accurate, and biologically correct analysis of the organs, the fertilization process, the development of the fetus, the birth process, and the responsibility involved in the act of human reproduction. Also discussed are the processes of ejaculation, ovulation, menstruation, and fertilization.

In Between. Producer: Viscount Productions. Distributor: Planned Parenthood of Memphis, 1981, 10 min., Color, $230, Grade Level: 5-8.

Dramatizes the changing feelings and concerns of pre- and early adolescents. The key characters interact with family and friends in three situations which require them to make important decisions. The story takes place on a summer day in a small suburban ethnically-mixed community. Geared to middle-class audiences.

It's Up To Laurie. Producer: Gordon-Kerckhoff Productions. Distributor: Centron Films, 21 min., Color, $395, Grade Level: 7-12.

Focuses on interpersonal relationships and attitudes toward dating and premarital sex. In an interesting fashion, the film depicts parent/child communication in three different family styles: authoritarian with little communication, permissive with little communication, and democratic with open lines of communication. In each family style the daughter, Laurie, has a different attitude about herself and her boyfriend, Jimmie. Although the acting is occasionally stilted, the film could be used effectively with both parents and teenagers. Group leaders should stress that children reared in similar family styles will not necessarily behave as Laurie did. The film should be previewed.

Life Before Birth. Producer: Film Kare Production Company. Distributor: Time, Inc., 1966, 2 Filmstrips, 2 Cassettes, Color, Grade Level: 7-12.

Excellent photographs of actual embryonic and fetal development up to the ninth month. Illustrates fertilization, cell division and implantation.

Loving Parents. Producer/Distributor: Texture Films, 1978, 24 min., Color, $395.

The film focuses on sex education in the home, with the understanding that parents are the best sex educators of their own children. The film addresses, in a human and engaging way, the kinds of questions many fathers and mothers raise: How should we project our sexuality to our children? What kind of guidance should we provide for their sexual development? How should we talk with them about sex? What kind of information about sexuality do they need? Particularly relevant for parents of adolescents. (Racially mixed cast.)

Men's Lives. Producer: Will Roberts and Josh Hanig. Distributor: New Day Films, 1975, 43 min., Color, $550, Grade Level: 7-12.

An excellent documentary film about stereotyped masculinity in America. Through interviews with men and boys and candid shots, it probes into the ways various individuals have dealt with the role of the American macho male. Ideal for sparking discussion and consciousness raising, but has been labeled extremely liberal by individuals with more traditional viewpoints.

Prisoners of Chance (Teenage Parents). Producers: Marc Sturdivant and Thom Eberhart. Distributor: Film Fair Communications, 1979, 23 min., $400, Color, Grade Level: 7-12.

Based on real characters, this film dramatizes the lifestyles of several teenagers who have become parents. The first, Maureen, is an articulate, young Black woman who had many problems and thought having a baby would improve her life. The second, Lynn, no longer sees the baby's father and lives with her mother with whom she struggles over parenting responsibilities. The last couple, Rick and Anna, married during her pregnancy and opted to separate 2 years later because of emotional and financial stresses. One of the best films on teenage parenting.

Sex Role Development. Producer: Ziff-Davis Publishing Company. Distributor: McGraw-Hill Films, 1974, 23 min., Color, $305, Grade Level: 10-12.

Presents the arguments for raising a child in a nonstereotyped, nonsexist environment and explores some of the theories about sex role development. Shows a family and a preschool that strive to minimize stereotypical thinking and behavior.

Shelley, Pete ... (and Carol). Producer/Distributor: Modern Talking Picture Service, Inc., 1980, 22 min., Color, free loan, Grade Level: 7-12.

Depicts the story of Pete and Shelley, two high school students who become teenage parents. The story line is interesting and realistic, the acting poor. In spite of this flaw, the film is well received by junior and senior high school students.

Something Very Special. Producer: American Cancer Society, 12-1/2 min., Color, Grade Level: 7-12.

Explains and stresses the importance and procedures of breast self-examination and yearly pap test. For the adolescent girl.

Story of Eric. Producer: Centre Films, 40 min., Color, Grade Level: 5-12.

Shows a couple having their first child by the LaMaze method of childbirth. Stresses the team approach to childbirth/parenthood. Includes class participation, activities, prenatal visits, labor, delivery, and breastfeeding.

Teenage Father. Producer: Children's Home Society of California, 20 min., Color, $400, Grade Level: 9-12.

An Academy Award winning film (1979) dealing with the social and psychological aspects of a teenage pregnancy. A very powerful, straightforward film that presents the father's side of a teenage pregnancy.

Teenage Pregnancy and Prevention. Producer: Human Relations Media. Distributor: Media Fair, 1978, 3 Filmstrips, 3 Cassettes, $99, Grade Level: 7-12.

Sensitively examines the reasons behind the growing problem of teenage pregnancy -- the emotional, social, and financial difficulties facing pregnant teenagers and their partners. Part one uses current statistics to underscore the scope of the problem. Part two illustrates the difficult choices that teenagers must make and the resources available to them. Part three discusses preventive measures of abstinence and contraception. Many sex educators consider this an excellent resource.

Then One Year. Producer: Churchill Films, 1972, 18 min., Color, $295, Grade Level: 4-8.

Covers the male and female reproductive systems and emphasizes the wide variation in normal growth and maturation rates. Presents factual information about puberty and reproduction in a manner that preteens can understand. Sex educators consider this an excellent film. (Ethnically mixed.)

There's a New You Comin' — for Boys. Producer/Distributor: Marshfilm Enterprises, Inc., 1972, 1 Filmstrip, 1 Record or Cassette, $24, Grade Level: 5-6.

Discusses basic male anatomy and physiology and the changes of puberty. One of the better filmstrips for this age group. Also available in Spanish.

There's a New You Comin' — for Girls. Producer/Distributor: Marshfilm Enterprises, Inc., 1974, 1 Filmstrip, 1 Record or Cassette, $24, Grade Level: 5-6.

Discusses basic female anatomy and physiology and the changes of puberty. Tailored to the special needs of the growing girl, it presents facts in a clear, objective manner. One of the better filmstrips for this age group. Also available in Spanish.

Too Soon Blues. Producer/Distributor: Cine-Image Film, Ltd., 1973, 24 min., Color, $300, Grade Level: 7-12.

Explores teenage sexuality as a young innercity Black couple begin a relationship and have sex without contraception. Realistically depicts communication between a teenage boy and girl, their different needs, as well as their handling of a pregnancy scare. Numerous other teens give their perspectives on premarital sex, the double standard, communication, birth control, and other topics. A very good film in spite of the outdated music and clothing.

VD Attack Plan. Producer/Distributor: Walt Disney Productions, 1973, 10 min., Color, Grade Level: 5-8.

This animated depiction of syphilis and gonorrhea is presented as a war of VD germs vs. an unsuspecting public. It stresses the harmful effects of ignorance and fear in connection with VD. The film contains photographs of symptomatology, for which preadolescent audiences may require some preparation.

Woman/Child. Producer/Distributor: National Foundation/March of Dimes, 1977, 15 min., Color, $67.50, Grade Level: 7-12.

The film opens with a voice-over of statistics on teenage pregnancy, abortion, and the prevalence of teenage mothers keeping their babies. Follows one pregnant high school girl through her pregnancy, delivery, and subsequent problems related to family, school, job, and child care. Can be used to raise parents' awareness of the problem of adolescent pregnancy. (Racially mixed.)

APPENDIX B
PAMPHLETS

This is only a suggested list of pamphlets to supplement the course. There are numerous other pamphlets available from a variety of sources that can be used in addition to, or instead of those listed here. Your personal preference, budget, and class composition will guide your selection. The cost of pamphlets are subject to change and some pamphlets may be out of print. Check on both before planning to include a pamphlet in your course.

Hayes, M.V. A Boy Today ... A Man Tomorrow. 1976, 16 pp., $.50.

Presents comprehensive information about male body changes during puberty. Includes concrete answers to a wide variety of questions pubescent males ask. Simple, clear anatomical drawings.

Optimist International
4492 Lindell Boulevard
St. Louis, MO 63108

Am I Parent Material? $.06.

A brief guide to issues and questions a person or couple should consider before having children. It is geared toward adolescents or adults who are or will be considering parenthood.

National Organization for Non-Parents
806 Reisterstown Road
Baltimore, MD 21208

Decisions About Sex. $.25.

Geared to the adolescent. Deals with decisionmaking and answers questions. Also lists 10 wrong reasons to have sex and popular myths about contraception.

Planned Parenthood of Westchester, Inc.
88 East Post Road
White Plains, NY 10601

Do You Care Enough? $40.20 for 100 copies.

Geared to the adolescent. Focus on sexual responsibility and decisionmaking. Discussion of all methods of birth control -- description, effectiveness, usage, advantages and side effects.

Population Resource Center
Planned Parenthood of Minnesota
1965 Ford Parkway
St. Paul, MN 55116

Family Planning Methods of Contraception. $.35.

Presents concept of family planning as "healthier babies when you want them." Provides comparative chart on all methods of birth control -- description, usage, effectiveness, side effects/complications, advantages.

DHEW Publication #(HSA) 76-16030
Superintendent of Documents
U.S. Government Printing Office
Washington, DC 20402

The Hassles of Becoming a Teenage Parent. Free.

Directed toward teenagers. Encourages them to consider how their lives will change if they were to become a parent as a teen. Many of the topics can be used for discussion topics.

DHEW Publication #(HSA) 77-5624
Superintendent of Documents
U.S. Government Printing Office
Washington, DC 20402

How to Examine Your Breasts. Free.

Gives step-by-step method to breast self examination.

Contact your local American Cancer Society Office for this publication.

The Man Who Cares. Free.

Pamphlet focuses on: "The man of today is a man who cares. He cares about his partner. He cares about their mutual pleasure and satisfaction. And he cares by sharing responsibility with his partner." Discusses reproduction and contraception.

DHEW Publication #(HSAQ) 75-16010
Superintendent of Documents
U.S. Government Printing Office
Washington, DC 20402

The Miracle of You. 1980, $.10.

This updated pamphlet explains female development and health care, menstruation, male and female reproductive systems, and conception. Written for early adolescents. Includes helpful drawings of female anatomy and a glossary of terms.

Kimberly-Clark Corp.
The Life Cycle Center
Box 551-CC
Neenah, WI 54956

The Problem With Puberty. $.60.

20 page booklet on puberty for teenage boys. Written in a down-to-earth humorous approach. Focus on different aspects of puberty including body changes; relationships with parents; regarding girls as people and sexual relationships.

Rocky Mountain Planned Parenthood
1852 Vine Street
Denver, CO 80206

VD: A Summary for Parents and Students. $.50.

A comic book type presentation of information on gonorrhea and syphilis. Intended for children from about age ten up as well as adults. It may be available through your State Division of Health offices at no cost or a reduced cost.

Educational Summaries, Inc.
P.O. Box 941
Freedom, CA 95019

Very Personally Yours. 1980, $.10.

Written for pubescent children, this updated pamphlet describes basic menstrual hygiene, including personal health, cleanliness, and exercise. The explanation of menstruation is very clear and accompanied by clear diagrams.

Kimberly Clark Corp.
The Life Cycle Center
Box 551-CC
Neenah, WI 54956

Your Guide to Using Tampons. Free.

Pamphlet that has a question-answer format with information about tampons. Has diagrams of the female reproductive system and shows how to use a tampon.

Johnson and Johnson
P.O. Box 76X
Baltimore, MD 21203

Your New Self Discovery.

Written for today's teenagers to help them understand their developing, physical, emotional self -- their approaching adulthood and their decisionmaking it will require.

Kimberly Clark Corp.
The Life Cycle Center
Box 551-CC
Neenah, WI 54956

APPENDIX C
RESOURCES FOR PROFESSIONALS

Abbey-Harris, N., and K.R. Todd. Saying Goodbye to: The Birds, the Bees, and ... Telling the Real Story: A Guide for Parents. Santa Cruz, Calif.: Planned Parenthood of Santa Cruz County, 1980, $12.

Attempts to help parents remember their own adolescence -- their feelings, desires, hopes, and problems in relationships and in sexual decisionmaking. Requires the reader to participate in various exercises and quizzes. Urges parents to sex educate and communicate with their children. Exposes today's parents to the current range of lifestyles and sexual styles. Includes a glossary and basic information on anatomy. Many sex educators recommend this workbook to highly motivated liberal parents as an excellent resource for do-it-yourself parent sex education.

Alter, J., and P. Wilson. Teaching Parents to be the Primary Sexuality Educators of Their Children, Volume IV: Curriculum Guide to Courses for Parents and their Adolescents Together, 1982. Available from the National Technical Information Service, Springfield, Va.

A 12-hour course for parents and adolescents that includes six units covering communication skills, values, sexuality through childhood, sexuality in the home, and understanding one's own sexuality.

Carney, C., and S.L. McMahon (Eds.). Exploring Contemporary Male/Female Roles: A Facilitator's Guide. La Jolla, Calif.: University Associates, Inc., 1977, 296 pp., $14.50.

A book of readings, structured experiences and questionnaires that encourage the examination of the male/female role in U.S. society.

Chilman, C.S. Adolescent Sexuality in a Changing American Society: Social and Psychological Perspectives. Washington, D.C.: U.S. Government Printing Office, 1979, 384 pp., $10.00.

An analytic overview and summary of research related to the social and psychological aspects of adolescent sexuality. Included are chapters on sexual behaviors preceding heterosexual relationships, premarital behaviors and attitudes, contraceptive use, abortion, illegitimate births, and adolescent marriage and childbearing within marriage.

Communication Research Associates. Communicate! A Workbook for Professional Interpersonal Communication. Dubuque, Iowa: Kendall/Hunt Publishing Co., 1978, 253 pp., $13.50.

A manual for teachers containing strategies for facilitating effective communication skills. To obtain the book contact University Associates.

Gordon, S. Facts About Sex for Today's Youth. Fayetteville, N.Y.: Ed-U-Press, 1979 (New Edition), $3.50.

An overview of sexuality for teenagers. Briefly discusses reproduction, love, premarital sex, male and female anatomy, sex differences, and other topics. The drawings and graphics are factual and clear enough although birth control methods are not discussed in detail. Author expresses his belief that it is not a good idea for teenagers to have sex and risk pregnancy, venereal disease, and emotional harm.

Johnson, D., and F. Johnson. Joining Together: Group Theory and Group Skills. Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1975, 480 pp., $11.95.

A textbook for teachers that provides the theory and experiences necessary to develop an understanding of group dynamics and effective group skills.

Haeberle, E. The Sex Atlas. New York: The Seabury Press, 1978, 509 pp., $12.95.

A comprehensive, illustrated guide to human sexuality covering sexual anatomy and physiology, human reproduction, sexual behavior, and societal influences on sexuality.

Johnson, E.W. Love and Sex in Plain Language. New York: Bantam Books, Inc., 1974, $1.95.

Discusses reproduction, heredity, fetal development, birth, sex differences, sexual intercourse, birth control, venereal disease, dating, and love in language that is easily understood by most teenagers. Many sex educators recommend this book.

Katchadourian, H. The Biology of Adolescence. San Francisco: W.H. Freeman and Company, 1977, 274 pp., $6.95.

Discusses the biological changes which mark the transition of a child into an adult, including somatic changes, reproductive maturation, hormonal regulation, disturbances of puberty, and health hazards.

Katchadourian, H., and D. Lunde. Fundamentals of Human Sexuality, 3rd edition. New York: Holt, Rinehart and Winston, 1980, 534 pp., $15.95.

A college level text that provides an overview of human sexuality for use by teachers. It includes a good section on the biological aspects of human sexuality.

Kelly, G.F. Learning About Sex - The Contemporary Guide for Young Adults. New York: Barron's Educational Series, Inc., 1976, $3.95.

Discusses many important issues related to human sexuality including communicating about sex, marriage, and growing as a sexual person. Although the author indicates that his target audience is teenagers, the content seems

extremely complex (the penis is described as "three cylindrical areas of spongy tissue") and often too abstract for the average teenager to read and comprehend easily. Intended for young adults but may be used with high school students with high reading levels. Includes exercises that can be carried out by the reader alone or in small groups in or out of the classroom. Many of these exercises, especially those related to communication and relationships, have been successfully carried out in education programs with adolescents.

Lewis, H.R., and M.E. Lewis. The Parent's Guide to Teenage Sex and Pregnancy. New York: St. Martin's Press, Inc., 1980, $15.95.

Describes what researchers are learning about adolescent sexual behavior. Discusses issues related to adolescent sexual activity, prevention of adolescent sexual problems, and ways to resolve problems that might occur.

Mayle, P. What's Happening to Me? Secaucus, N.J.: Lyle Stuart, Inc., 1975, $10.00.

A guide to puberty, from the authors of Where Did I Come From?.

McCoy, K., and C. Wibbelsman. The Teenage Body Book. New York: Pocket Books, 1978, 246 pp., $7.95.

This paperback is a comprehensive and practical guide to understanding the physical and emotional changes of adolescence. In addition to the expected chapters on anatomy, puberty, sex, parenting, birth control, and VD, there are interesting chapters such as "I Need Help to Be Beautiful" (cosmetics, ear piercing, excess hair, etc.) and "Your Changing Feelings" (low self-esteem, jealousy, anger, need for privacy, parents, etc.). Every chapter contains many heart-warming, sometimes humorous, sometimes tragic letters from teenagers voicing their concerns about a variety of topics. The appendix is a state-by-state guide to low or no-cost youth services and birth control facilities. Although this is a nice addition to an excellent book, some of the information listed may be out of date. For example, the listing for Planned Parenthood in D.C. was incorrect.

Mills, Stephanie. The Joy of Birth Control. Emory University Family Planning Program.

Nilsson, Lennart. A Child is Born. New York: Delacorte Press/Seymor Lawrence, 1977.

Ross, S. The Youth Values Project. Washington, D.C.: The Population Institute (c/o Susan Ross, RFD 3 Box 54, Putney, VT 05346), 1978, $1.50.

Teenagers themselves designed and conducted a questionnaire survey of one thousand 13-19 year olds to explore why sexually active teenagers in New York City do not use birth control.

Sargent, A.G. Beyond Sex Roles. St. Paul, Minn.: West Publishing, 1979, 507 pp., $13.50.

A book of readings and structured experiences that focus on sex role stereotyping.

Teenage Pregnancy: The Problem That Hasn't Gone Away. New York: Alan Guttmacher Institute, 1981, $5.00.

Presents demographic information about adolescent sexual activity, pregnancy, abortion and birth rates, and consequences of teenage childbearing. Describes sex education programs and other reproductive health services.

U.S. Department of Health, Education, and Welfare. A Decision-Making Approach to Sex Education: A Curriculum and Implementation Manual for a Model Program with Adolescents and Parents. Washington, D.C.: National Clearinghouse for Family Planning Information, P.O. Box 2225, Rockville, MD 20853, #2079, 296 pp., free.

A manual that includes guidelines for getting a program started (e.g., building community support), facts about adolescent sexuality, general tips for group leadership, detailed models for a ten-session adolescent sex education program and parent sex education program, and a model of staff training.

Zabin, J.S., and S.D. Clark. Why They Delay: A Study of Teenage Family Planning Clinic Patients. Family Planning Perspective. Vol. 13:5, 1981, pp. 205-217.

A summary of the Johns Hopkins' research findings regarding the sexual and contraceptive behavior of adolescents in metropolitan areas around the United States.

Zelnick, M., and J.F. Kantner. Sexual Activity, Contraceptive Use and Pregnancy Among Metropolitan-Area Teenagers: 1971-1979. Family Planning Perspectives, Vol. 12, No. 5, September/October 1980, pp. 230-237.

A summary of the John Hopkin's research findings regarding the sexual and contraceptive behavior of adolescents in metropolitan areas around the United States.

APPENDIX D
ORDERING INFORMATION

Audiovisual Distributors

Agency for Instructional Television
Box A
Bloomington, IN 47402
812-939-2203

Barr Films
P.O. Box 5667
3490 East Foothill Boulevard
Pasadena, CA 91107
213-793-6153

Cambridge Documentary Films
P.O. Box 395
Cambridge, MA 02139

Centre Films
1103 North El Centro Avenue
Hollywood, CA 90038
213-466-5123

Centron Films
1621 West 9th, Box 687
Lawrence, KS 66044
913-843-0400

Children's Home Society
of California
Public Education Department
5429 McConnell Avenue
Los Angeles, CA 90066
213-390-8954

Churchill Films
662 W. Robertson Boulevard
Los Angeles, CA 90060
213-657-5110

Cine-Image Productions, Inc.
3929 Moquoketa Drive
Des Moines, IA 50311
515-277-3286

Film Fair Communications
10900 Ventura Boulevard
P.O. Box 1728
Studio City, CA 91604
213-875-0244

Marshfilm
P.O. Box 8082
Shawnee Mission, KA 66208
816-523-1059

McGraw-Hill Films
110 Fifteenth Street
Del Mar, CA 92014
714-453-5000

Media Fair, Inc.
380 Maple Avenue, West
Vienna, VA 22180
703-281-2223

Modern Talking Pictures Service, Inc.
5000 Park Street, North
St. Petersburg, FL 33709
813-523-1059

Arthur Mokin Productions, Inc.
1600 West 60th Street
New York, NY 10023
212-757-4868

National Foundation/March of Dimes
1275 Mamaroneck Avenue
White Plains, NY 10605
914-428-7100

New Day Films
P.O. Box 315
Franklin Lakes, NJ 07417
201-891-8240

Perennial Education, Inc.
477 Roger Williams
P.O. Box 855, Ravinia
Highland Park, IL 60035
312-433-1610

Planned Parenthood Center of Memphis
1407 Union Avenue
Memphis, TN 38104

Planned Parenthood of East Central Georgia
1247 15th Street
Augusta, GA 30901

Pyramid Films
P.O. Box 1048
Santa Monica, CA 90406
213-828-7577

Shared Futures Films
P.O. Box 1235
New York, NY 10023

Texture Films, Inc.
1600 Broadway
New York, NY
212-586-6960

Time, Inc.
Multi-Media Division
Time-Life Building
Rockefeller Center
New York, NY 10020
212-586-1212

Third Eye World
12 Arrow Street
Cambridge, MA 02138

Walt Disney Productions
800 Senora Avenue
Glendale, CA 91201
213-840-1000

Publishers

Alan Guttmacher Institute
360 Park Avenue South
New York, NY 10010
212-685-5858

Bantam Books, Inc.
666 Fifth Avenue
New York, NY 10019
212-765-6500

Barron's Educational Series, Inc.
113 Crossways Park Drive
Woodbury, NY 11797
516-921-8750

Broadman Press
127 Ninth Avenue, N.
Nashville, TN 37234
615-251-2544

Delacorte Press
c/o Dell Publishing Co.
1 Dag Hammarskjold Plaza
245 E. 47th Street
New York, NY 10017
212-832-7300

Ed-U-Press
P.O. Box 583
Fayetteville, NY 13066
315-637-9524

Emory University Family
Planning Program
Atlanta Grady Memorial Hospital
80 Butler Street, SE
Atlanta, GA 30322
404-588-3700

W.H. Freeman and Company
660 Market Street
San Francisco, CA 94104
415-391-5870

Hart Publishing Co., Inc.
15 W. Fourth Street
New York, NY 10012
212-260-2430

Holt, Rinehart, and Winston
383 Madison Avenue
New York, NY 10017
212-688-9100

Houghton Mifflin Co.
2 Park Street
Boston, MA 02107
617-725-5000

Little, Brown, and Company
34 Beacon Street
Boston, MA 02106
617-227-0730

National Clearinghouse on Family
Planning Information
11301 Rockville Pike
Box 2225
Rockville, MD 20857
301-881-9400

National Technical Information
Service
5285 Port Royal Road
Springfield, VA 22151
703-487-4650

Pennant Press
8265 Commercial Street No. 14
La Mesa, CA 92041
714-464-781

Planned Parenthood of Santa Cruz County
212 Laurel Street
Santa Cruz, CA 95060
408-425-1551

Pocket Books, Inc.
Division of Simon and Schuster, Inc.
1230 Avenue of the Americas
New York, NY 10020
212-246-2121

Prentice-Hall, Inc.
Box 5400
Englewood Cliffs, NJ 07632
201-592-2000

St. Martin's Press, Inc.
175 Fifth Avenue
New York, NY 10010
212-674-5151

Seabury Press, Inc.
815 Second Avenue
New York, NY 10017
212-557-0500

Lyle Stuart, Inc.
120 Enterprise Avenue
Secaucus, NJ 07094
201-866-0490

University Associates
8517 Production Avenue
San Diego, CA 92121
714-578-5900

Van Nostrand Reinhold Co.
LEPI Order Processing
7625 Empire Drive
Florence, KY 41042

West Publishing
W. Kellogg Boulevard
P.O. Box 3526
St. Paul, MN 55165
612-228-2500

APPENDIX E
QUESTIONNAIRES

These questionnaires are modified versions of the questionnaires that we used to evaluate the Family Guidance Center parent/child program. They include questionnaires for preadolescents, for adolescents, and for parents. They also include evaluations and assessments of the course to administer at the end of the course and questionnaires which measure knowledge, attitude, and behavior to administer before and after the course. See the guidelines below.

Questionnaire	Population	Administration
Knowledge and Communication Questionnaire for 9 to 12-Year-Olds	Preadolescents	Before & after the course
Knowledge, Attitude, and Behavior Questionnaire for Adolescents	Adolescents	Before & after the course
Student Assessment of Class Impact for Adolescents	Adolescents	After the course
Class Evaluation for Adolescents	Adolescents	After the course
Communication Questionnaire for Parents	Parents	Before & after the course
Assessment of Class Impact for Parents	Parents	After the course
Class Evaluation for Parents	Parents	After the course

These questionnaires provide examples of questions that you can use. You should modify them to meet the values of your community, the particular goals of your program, and the characteristics of your program participants. For example, if the adolescents in your program are not likely to be sexually active, then you should remove those questions dealing with sexual activity.

KNOWLEDGE AND COMMUNICATION QUESTIONNAIRE
FOR 9 TO 12-YEAR-OLDS

We are trying to find out if this program is successful. You can help us by completing this questionnaire.

To keep your answers confidential and private, do NOT put your name anywhere on this questionnaire. Please use a regular pen or pencil so that all questionnaires will look about the same and no one will know which is yours.

Because this study is important, your answers are also important. Please answer each question carefully.

Thank you for your help.

Name of school or organization
where course was taken: _____

Teacher's name: _____

Your birth date: Month _____ Day _____

Your sex (Check one): Male ____ Female ____

Your grade level in school (Check one):
4 ____
5 ____
6 ____
7 ____

Part 1. Circle the one best answer to each of the questions below.

1. During their menstrual periods, girls:

   a. are too weak to participate in sports or exercise.
   b. have a normal, monthly release of blood from the uterus.
   c. should not shower or bathe.
   d. all of the above.

2. When boys go through puberty:

   a. hair grows under their arms, in their pubic areas, and on their faces and chests.
   b. they grow taller and develop more muscles.
   c. they produce sperm.
   d. their voices become lower.
   e. all of the above.

3. Girls usually go through puberty:

   a. earlier than boys.
   b. later than boys.
   c. at the same time as boys.

4. When an egg from the woman and a sperm from the man join together, this is called:

   a. ovulation.
   b. menstruation.
   c. fertilization.

5. The fertilized egg grows into a baby inside the woman's:

   a. ovary.
   b. fallopian tube.
   c. uterus.
   d. bladder.

6. In males, sperm are made in the:

   a. testes.
   b. urethra.
   c. penis.
   d. vas deferens.

7. At what time in the menstrual cycle does the ovary release the egg?

   a. at the beginning of the cycle.
   b. at the end of the cycle.
   c. in the middle of the cycle about 14 days before the next menstrual period.

8. How many sperm do men release when they release semen (ejaculate)?

   a. one.
   b. two.
   c. hundreds.
   d. millions.

9. During normal childbirth, the baby leaves the mother's body through the:

   a. urethra.
   b. vagina.
   c. fallopian tube.
   d. navel.

10. How many eggs do women release from the ovary each month?

   a. one.
   b. two.
   c. hundreds.
   d. millions.

Part 2.

11. During the last 3 months, how many times have you talked about sexual topics with your parents? ___ times in 3 months

If you did not have any conversations, you have completed this questionnaire. Thank you for you help.

If you did have any conversations, please continue with the questions below.

12. On the average, how long did the conversation(s) last? ___ minutes

13. During the conversation(s), how uncomfortable were you?

___ Comfortable (1)
___ A little uncomfortable (2)
___ Somewhat uncomfortable (3)
___ Very uncomfortable (4)

14. During the last 3 months, how many times have you talked about birth control with your parents? ___ times in 3 months

If you did not have any conversations about birth control, you have completed the questionnaire. Thank you for your help.

If you did have one or more conversations, please continue with the questions below.

15. On the average, how long did the conversation(s) last? ___ minutes

16. During the conversation(s), how uncomfortable were you?

___ Comfortable (1)
___ A little uncomfortable (2)
___ Somewhat uncomfortable (3)
___ Very uncomfortable (4)

KNOWLEDGE, ATTITUDE, AND BEHAVIOR QUESTIONNAIRE
FOR ADOLESCENTS

We are trying to find out if this program is successful. You can help us by completing this questionnaire.

To keep your answers confidential and private, do NOT put your name anywhere on this questionnaire. Please use a regular pen or pencil so that all questionnaires will look about the same and no one will know which is yours.

Because this study is important, your answers are also important. Please answer each question carefully.

Thank you for your help.

Name of school or organization
where course was taken: _____

Teacher's name: _____

Your birth date: Month _____ Day _____

Your sex (Check one): Male ____ Female ____

Your grade level in school (Check one):
8 ____
9 ____
10 ____
11 ____
12 ____

Part 1. Circle the one best answer to each of the questions below.

1. Some contraceptives (birth control methods):

   a. can be obtained only with a doctor's prescription.
   b. are available at family planning clinics.
   c. can be bought over the counter at drug stores.
   d. can be obtained by people under 18 without their parents' permission.
   e. all of the above.

2. If 10 couples have sexual intercourse regularly without using any kind of birth control, the number of couples who become pregnant by the end of 1 year is about:

   a. one.
   b. three.
   c. six.
   d. nine.
   e. none of the above.

3. People having sexual intercourse can best prevent venereal disease (VD) by:

   a. using condoms (rubbers).
   b. using contraceptive foam.
   c. using the pill.
   d. using withdrawal (pulling out).

4. If a couple has sexual intercourse and uses no birth control, the woman might get pregnant:

   a. any time during the month.
   b. only 1 week before menstruation begins.
   c. only during menstruation.
   d. only 1 week after menstruation begins.
   e. only 2 weeks after menstruation begins.

5. The method of birth control which is least effective is:

   a. a condom with foam.
   b. the diaphragm with spermicidal jelly.
   c. withdrawal (pulling out).
   d. the pill.
   e. abstinence (not having intercourse).

6. A woman can become pregnant:

   a. the first time she has sex (sexual intercourse).
   b. if she has sexual intercourse during her menstrual period.
   c. if she has sexual intercourse standing up.
   d. if sperm get near the opening of her vagina, even though the man's penis does not enter her body.
   e. all of the above.

7. In general, children born to young teenage parents:

   a. have few problems because their parents are emotionally mature.
   b. are more likely to be abused by their parents.
   c. have normal birth weight.
   d. are more likely to be healthy.
   e. none of the above.

8. If people have sexual intercourse, the advantages of using condoms are:

   a. condoms help prevent getting or giving VD.
   b. they can be bought in drug stores by a person of either sex.
   c. they do not have dangerous side effects.
   d. they do not require a prescription.
   e. all of the above.

9. Most unmarried girls who have children while still in high school:

   a. depend upon their parents for support.
   b. finish high school and graduate with their class.
   c. never have to be on public welfare.
   d. have the same social lives as their peers.
   e. all of the above.

10. People choosing a birth control method:

   a. should think only about the cost of the method.
   b. should choose whatever method their friends are using.
   c. should learn about all the methods before choosing the one that's best for them.
   d. should get the method that's easiest to get.
   e. all of the above.

Part 2. This part is not a test of how much you know. We are interested in what you believe about some important issues. Please rate each statement according to how much you agree or disagree with it. Everyone will have different answers. Your answer is correct if it describes you very well.

Circle:
1 if you strongly disagree with the statement.
2 if you disagree with the statement.
3 if you feel neutral (neither agree nor disagree) about the statement.
4 if you agree with the statement.
5 if you strongly agree with the statement.

		strongly disagree	disagree	neutral	agree	strongly agree
11.	Unmarried people should not have sex (sexual intercourse).	1	2	3	4	5
12.	I have my own set of rules to guide my sexual behavior (sex life).	1	2	3	4	5
13.	Birth control is not very important.	1	2	3	4	5
14.	People should not have sex before marriage.	1	2	3	4	5
15.	I know for sure what is right and wrong sexually for me.	1	2	3	4	5
16.	Birth control is not as important as some people say.	1	2	3	4	5
17.	I have trouble knowing what my values are about my personal sexual behavior.	1	2	3	4	5
18.	More people should be aware of the importance of birth control.	1	2	3	4	5
19.	People should have sex only if they are married.	1	2	3	4	5
20.	I'm confused about my personal sexual values and beliefs.	1	2	3	4	5
21.	Two people having sex should use some form of birth control if they aren't ready for a child.	1	2	3	4	5
22.	It is all right for two people to have sex before marriage if they are in love.	1	2	3	4	5
23.	I'm confused about what I should and should not do sexually.	1	2	3	4	5
24.	If two people have sex and aren't ready to have a baby, it is very important that they use birth control.	1	2	3	4	5
25.	It is all right for two people to have sex before marriage.	1	2	3	4	5

Part 3. In this section, we want to know how uncomfortable you are doing different things. Being "uncomfortable" means that it is difficult for you and you feel nervous and up-tight.

Circle:
- 1 if you are comfortable.
- 2 if you are a little uncomfortable.
- 3 if you are somewhat uncomfortable.
- 4 if you are very uncomfortable.
- DNA if the question Does Not Apply to you.

		uncomfortable	a little uncomfortable	somewhat uncomfortable	very uncomfortable	Does Not Apply
26.	Talking with friends about sex.	1	2	3	4	DNA
27.	Talking with your boy/girlfriend about sex. ("boy/girlfriend" means "boyfriend" if you are a girl, and it means "girlfriend" if you are a boy.)	1	2	3	4	DNA
28.	Talking with parents about sex.	1	2	3	4	DNA
29.	Talking with friends about birth control.	1	2	3	4	DNA
30.	Talking with your boy/girlfriend about birth control.	1	2	3	4	DNA
31.	Talking with parents about birth control.	1	2	3	4	DNA
32.	Having your current sex life, whatever it may be (it may be doing nothing, kissing, petting, or having intercourse).	1	2	3	4	DNA

If you are not having sexual intercourse, circle "DNA" in the three questions below.

33.	Buying contraceptives at a drug store, if you are having sex.	1	2	3	4	DNA
34.	Going to a doctor or clinic for contraception, if you are having sex.	1	2	3	4	DNA
35.	Using birth control, if you are having sex.	1	2	3	4	DNA

Part 4. The questions below ask how often you do some things.

Circle: 1 if you do it "Almost never" (about 5% of the time or less).
2 if you do it "Sometimes" (about 25% of the time).
3 if you do it "Half the time" (about 50% of the time).
4 if you do it "Usually" (about 75% of the time).
5 if you do it "Almost always" (about 95% of the time or more).
DNA if the question Does Not Apply to you.

		almost never	sometimes	half the time	usually	almost always	Does Not Apply
36.	When you have to make a decision about your sexual behavior (holding hands, kissing, petting, or having sex), how often do you think hard about the consequences (what will happen afterwards)?	1	2	3	4	5	DNA
37.	When you have to make a decision about your sexual behavior, how often do you first get as much information as you can?	1	2	3	4	5	DNA
38.	When you have to make a decision about your sexual behavior, how often do you first discuss it with other people?	1	2	3	4	5	DNA
39.	When you have to make a decision about your sexual behavior, how often do you make it on the spot without thinking about the consequences (what will happen afterwards)?	1	2	3	4	5	DNA
40.	If a boy/girl puts pressure on you to be involved sexually and you don't want to be involved, how often do you stop him/her?	1	2	3	4	5	DNA
41.	If you have sexual intercourse with your boy/girlfriend, how often can you talk with him/her about using birth control?	1	2	3	4	5	DNA

Part 5. Circle the correct answer to the following two questions.

42.	Have you ever had sex (sexual intercourse)?	yes	no
43.	Have you had sex (sexual intercourse) during the last month?	yes	no

Part 6. The following questions ask how many times you did some things during the last month. Put a number in the right hand space to show the number of times you engaged in that activity. If you did not engage in that activity during the last month, put a "0" in the space.

Please think CAREFULLY about the times that you have had sex during the last month. Think also about the number of times you used different types of birth control and the number of times you did not use birth control.

44. Last month, how many times did you have sex (sexual intercourse)? ___ times in the last month

45. Last month, how many times did you have sex when you or your partner did not use any form of birth control? ___ times in the last month

46. Last month, how many times did you have sex when you or your partner used a diaphragm, withdrawal (pulling out before releasing fluid), rhythm (not having sex on fertile days), or foam without condoms? ___ times in the last month

47. Last month, how many times did you have sex when you or your partner used the pill, condoms (rubbers), or an IUD? ___ times in the last month

(If you add up your answers to questions #45, #46, and #47, the total should equal your answer to #44. If it does not, please correct your answers.)

48. During the last month, how many times have you had a conversation or discussion about sex with your parents? ___ times in the last month

49. During the last month, how many times have you had a conversation or discussion about sex with your friends? ___ times in the last month

50. During the last month, how many times have you had a conversation or discussion about sex with a date or boy/girlfriend? ___ times in the last month

51. During the last month, how many times have you had a conversation or discussion about birth control with your parents? ___ times in the last month

52. During the last month, how many times have you had a conversation or discussion about birth control with your friends? ___ times in the last month

53. During the last month, how many times have you had a conversation or discussion about birth control with a date or boy/girlfriend? ___ times in the last month

Thank you for completing the questionnaire.

STUDENT ASSESSMENT OF CLASS IMPACT
FOR ADOLESCENTS

We are trying to find out if this program is successful. You can help us by completing this questionnaire.

To keep your answers confidential and private, do NOT put your name anywhere on this questionnaire. Please use a regular pen or pencil so that all questionnaires will look about the same and no one will know which is yours.

Because this study is important, your answers are also important. Please answer each question carefully.

Thank you for your help.

Name of school or organization
where course was taken: _____

Teacher's name: _____

Your birth date: Month _____ Day _____

Your sex (Check one): Male ____ Female ____

Your grade level in school (Check one):
8 ____
9 ____
10 ____
11 ____
12 ____

You have completed this family life education course. As best as you can, try to estimate how it changed you.

Part 1. Please answer the following questions with the 5-point scale below:

1 much less
2 less
3 about the same
4 more
5 much more

	much less	less	about the same	more	much more
1. Do you now know less or more about sexuality because of this course?	1	2	3	4	5
2. Do you now have less or more understanding of yourself and your behavior because of this course?	1	2	3	4	5
3. Are your attitudes and values about your own sexual behavior less or more clear because of this course?	1	2	3	4	5
4. Because of this course, do you now feel that using birth control when people are not ready to have children is less important or more important?	1	2	3	4	5
5. Do you now talk about sexuality (going out, having sex, birth control, or male and female sex roles) with your friends less or more because of this course?	1	2	3	4	5
6. Do you now talk about sexuality with your boy/girlfriend less or more because of this course?	1	2	3	4	5
7. Do you now talk about sexuality with your parents less or more because of this course?	1	2	3	4	5
8. When you talk about sexuality with others (such as your friends, boy/girlfriend, parents) are you less or more comfortable because of this course?	1	2	3	4	5
9. Do you now talk about sexuality less or more effectively because of this course (that is, are you more able to talk about your thoughts, feelings, and needs and to listen carefully)?	1	2	3	4	5
10. Are you less likely or more likely to have sex (sexual intercourse) because of this course?	1	2	3	4	5
11. If you have sex, would you be less likely or more likely to use birth control because of this course?	1	2	3	4	5
12. If you have sex, would you be less comfortable or more comfortable using birth control because of this course?	1	2	3	4	5

		much less	less	about the same	more	much more
13.	Overall, do you now have less or more respect (liking) for yourself because of this course?	1	2	3	4	5
14.	Are you now less or more satisfied with your social life because of this course?	1	2	3	4	5
15.	Because of this course, are you now less or more satisfied with your current sex life whatever it may be (it may be doing nothing, kissing, petting, or having sex)?	1	2	3	4	5

Part 2. Please answer the following questions with the 5-point scale below:

1 much worse
2 worse
3 about the same
4 better
5 much better

		much worse	worse	about the same	better	much better
16.	Do you now make worse or better decisions about your social life because of this course?	1	2	3	4	5
17.	Do you now make worse or better decisions about your physical sexual behavior because of this course?	1	2	3	4	5
18.	Do you now get along with your friends worse or better because of this course?	1	2	3	4	5

CLASS EVALUATION
FOR ADOLESCENTS

We are trying to find out if this program is successful. You can help us by completing this questionnaire.

To keep your answers confidential and private, do NOT put your name anywhere on this questionnaire. Please use a regular pen or pencil so that all questionnaires will look about the same and no one will know which is yours.

Because this study is important, your answers are also important. Please answer each question carefully.

Thank you for your help.

Name of school or organization
where course was taken: _____

Teacher's name: _____

Your birth date: Month _____ Day _____

Your sex (Check one): Male ____ Female ____

Your grade level in school (Check one):
8 ____
9 ____
10 ____
11 ____
12 ____

Part 1. Below is a list of questions about your teacher. Now that this class is over, please answer each question by circling one number based upon this 5-point scale:

1 not at all
2 a small amount
3 a medium amount
4 a large amount
5 a great deal

		not at all	a small amount	a medium amount	a large amount	a great deal
1.	Was the teacher enthusiastic about teaching this course?	1	2	3	4	5
2.	Was the teacher uncomfortable discussing different things about sex?	1	2	3	4	5
3.	Did the teacher discuss topics in a way that made students feel uncomfortable?	1	2	3	4	5
4.	Did the teacher talk at a level that the students could understand?	1	2	3	4	5
5.	Did the teacher care about the students?	1	2	3	4	5
6.	Did the teacher show respect toward the students?	1	2	3	4	5
7.	Did the students trust the teacher?	1	2	3	4	5
8.	Did the teacher get along with the students?	1	2	3	4	5
9.	Did the teacher encourage students to talk about their feelings and opinions?	1	2	3	4	5
10.	Did the teacher talk too much about what is right and wrong?	1	2	3	4	5
11.	Did the teacher listen carefully to the students?	1	2	3	4	5
12.	Did the teacher discourage students from hurting others in sexual situations (such as knowingly spreading VD or forcing someone to have sex)?	1	2	3	4	5
13.	Did the teacher encourage students to think about the consequences before having sexual relations?	1	2	3	4	5
14.	Did the teacher encourage students to think about their own values about sexuality?	1	2	3	4	5
15.	Did the teacher encourage the use of birth control to avoid an unwanted pregnancy?	1	2	3	4	5
16.	Did the teacher encourage students to talk with their parents about sexuality?	1	2	3	4	5

Part 2. Below is a list of questions about you and the course. Continue to answer each question by circling one number based upon the same 5-point scale:

1 not at all
2 a small amount
3 a medium amount
4 a large amount
5 a great deal

		not at all	a small amount	a medium amount	a large amount	a great deal
17.	Were you bored by the course?	1	2	3	4	5
18.	Did students participate in class discussions?	1	2	3	4	5
19.	Were you encouraged to ask <u>any</u> questions you had about sex?	1	2	3	4	5
20.	Was it hard for you to talk about your own thoughts and feelings?	1	2	3	4	5
21.	Was it hard for you to ask questions and talk about sexual topics?	1	2	3	4	5
22.	Did you show concern for the other students in the class?	1	2	3	4	5
23.	Did the other students show concern for you?	1	2	3	4	5
24.	Were students' opinions kept confidential (not spread outside the classroom)?	1	2	3	4	5
25.	Were you permitted to have values or opinions that were different from others in the class?	1	2	3	4	5

Part 3. These five questions should be answered using another 5-point scale. Again, circle "DK" if your answer is "don't know."

1	very poor
2	poor
3	average
4	good
5	excellent
DK	don't know

	very poor	poor	average	good	excellent	don't know
26. In your opinion, how good or poor was the teacher?	1	2	3	4	5	DK
27. In your opinion, how good or poor were the topics covered in the course?	1	2	3	4	5	DK
28. In your opinion, how good or poor were the materials used, such as books and films?	1	2	3	4	5	DK
29. In your opinion, how good or poor was the organization and format of the program such as length, location, and time?	1	2	3	4	5	DK
30. What is your opinion of the overall program?	1	2	3	4	5	DK

31. What are some of the strengths of the program (things you particularly liked)?

_____

_____

_____

_____

_____

32. What are some of the weaknesses of the program (things you feel should be changed)?

_____

_____

_____

_____

_____

COMMUNICATION QUESTIONNAIRE
FOR PARENTS

We are trying to find out if this program is successful. You can help us by completing this questionnaire.

To keep your answers confidential and private, do NOT put your name anywhere on this questionnaire. Please use a regular pen or pencil so that all questionnaires will look about the same and no one will know which is yours.

This questionnaire is designed for parents with children from nine to eighteen years old. Some questions are not appropriate for parents of younger children. If a question is not appropriate for you, please leave it blank.

Because this study is important, your answers are also important. Please answer each question carefully.

Thank you for your help.

Name of school or organization
where course was taken _____

Teacher's name _____

Your son's or daughter's grade level in school _____

Your birth date: Month _____ Day _____

1. During the last month, how many times have you talked about sexual topics with your son or daughter? ___ times in last month

If you did not have any conversations, you have completed the questionnaire. Thank you for your help.

2. On the average, how long did the conversation(s) last? ___ minutes

3. During the conversation(s), how uncomfortable was your son or daughter?

___ Comfortable (1)
___ A little uncomfortable (2)
___ Somewhat uncomfortable (3)
___ Very uncomfortable (4)

4. During the conversation(s), how uncomfortable were you?

___ Comfortable (1)
___ A little uncomfortable (2)
___ Somewhat uncomfortable (3)
___ Very uncomfortable (4)

5. During the last month, how many times have you talked about birth control with your son or daughter? ___ times in last month

If you did have one or more conversations about birth control, please continue with the questions below.

6. On the average, how long did the conversation(s) last? ___ minutes

7. During the conversation(s), how uncomfortable was your son or daughter?

___ Comfortable (1)
___ A little uncomfortable (2)
___ Somewhat uncomfortable (3)
___ Very uncomfortable (4)

8. During the conversation(s), how uncomfortable were you?

___ Comfortable (1)
___ A little uncomfortable (2)
___ Somewhat uncomfortable (3)
___ Very uncomfortable (4)

ASSESSMENT OF CLASS IMPACT
FOR PARENTS

We are trying to find out if this program is successful. You can help us by completing this questionnaire.

To keep your answers confidential and private, do NOT put your name anywhere on this questionnaire. Please use a regular pen or pencil so that all questionnaires will look about the same and no one will know which is yours.

This questionnaire is designed for parents with children from nine to eighteen years old. Some questions are not appropriate for parents of younger children. If a question is not appropriate for you, please leave it blank.

Because this study is important, your answers are also important. Please answer each question carefully.

Thank you for your help.

Name of school or organization
where course was taken _____

Teacher's name _____

Your son's or daughter's grade level in school _____

Your birth date: Month _____ Day _____

Please answer the following questions using the 5-point scale below. Circle the number that best reflects your answer. If your answer is "don't know," circle "DK."

		much less	less	about the same	more	much more	don't know
	1 much less 2 less 3 about the same 4 more 5 much more DK don't know						
1.	Does your teenager know less or more about sexuality because of this course?	1	2	3	4	5	DK
2.	Are your teenager's attitudes and values about sexuality less or more clear because of this course?	1	2	3	4	5	DK
3.	Are you less or more comfortable talking about sexuality with your teenager because of this course?	1	2	3	4	5	DK
4.	Have you actually talked about sexuality with your teenager less or more because of the course?	1	2	3	4	5	DK
5.	Does your teenager talk and listen to you about sexuality less or more <u>effectively</u> because of the course?	1	2	3	4	5	DK
6.	Is your teenager less likely or more likely to make good decisions about social and sexual behavior (such as examining alternatives and considering consequences) because of this course?	1	2	3	4	5	DK

CLASS EVALUATION
FOR PARENTS

We are trying to find out if this program is successful. You can help us by completing this questionnaire.

To keep your answers confidential and private, do NOT put your name anywhere on this questionnaire. Please use a regular pen or pencil so that all questionnaires will look about the same and no one will know which is yours.

This questionnaire is designed for parents with children from nine to eighteen years old. Some questions are not appropriate for parents of younger children. If a question is not appropriate for you, please leave it blank.

Because this study is important, your answers are also important. Please answer each question carefully.

Thank you for your help.

Name of school or organization
where course was taken _____

Teacher's name _____

Your son's or daughter's grade level in school _____

Part 1. Below is a list of questions about your teacher. The word "students" refers only to the sons and daughters in the class. Now that this class is over, please answer each question by circling one number based upon this 5-point scale:

1 not at all
2 a small amount
3 a medium amount
4 a large amount
5 a great deal

		not at all	a small amount	a medium amount	a large amount	a great deal
1.	Was the teacher enthusiastic about teaching this course?	1	2	3	4	5
2.	Did the teacher present important information to the class?	1	2	3	4	5
3.	Did the teacher talk at a level that the students could understand?	1	2	3	4	5
4.	Was the teacher uncomfortable discussing different things about sex?	1	2	3	4	5
5.	Did the teacher discuss topics in a way that made the students feel uncomfortable?	1	2	3	4	5
6.	Did the teacher care about the students?	1	2	3	4	5
7.	Did the teacher show respect toward the students?	1	2	3	4	5
8.	Did the students trust the teacher?	1	2	3	4	5
9.	Did the teacher get along with the students?	1	2	3	4	5
10.	Did the teacher talk too much about what is right and wrong?	1	2	3	4	5
11.	Did the teacher listen to the students?	1	2	3	4	5
12.	Did the teacher discourage students from hurting others in sexual situations (such as knowingly spreading VD or forcing someone to have sex)?	1	2	3	4	5
13.	Did the teacher encourage students to think about the consequences before having sexual relations?	1	2	3	4	5

Continue to answer each question by circling one number based upon the same 5-point scale:

1 not at all
2 a small amount
3 a medium amount
4 a large amount
5 a great deal

		not at all	a small amount	a medium amount	a large amount	a great deal
14.	Did the teacher encourage the students to think about their own values about sexuality?	1	2	3	4	5
15.	Did the teacher encourage the use of birth control to avoid an unwanted pregnancy?	1	2	3	4	5
16.	Did the teacher encourage students to talk with their parents about sexuality?	1	2	3	4	5
17.	Were the students bored by the course?	1	2	3	4	5
18.	Were you bored by the course?	1	2	3	4	5
19.	Did students participate in class discussions?	1	2	3	4	5
20.	Did you participate in class discussions?	1	2	3	4	5
21.	Were students encouraged to ask <u>any</u> questions they had about sex?	1	2	3	4	5
22.	Were you encouraged to ask any questions you had about sex?	1	2	3	4	5
23.	Was it hard for students to talk about their own thoughts and feelings?	1	2	3	4	5
24.	Was it hard for you to talk about your own thoughts and feelings?	1	2	3	4	5
25.	Were you permitted to have values or opinions different from others in the class?	1	2	3	4	5

Part 2. These five questions should be answered using another 5-point scale. Again, circle "DK" if your answer is "don't know."

1	very poor
2	poor
3	average
4	good
5	excellent
DK	don't know

	very poor	poor	average	good	excellent	don't know
26. In your opinion, how good or poor was the teacher?	1	2	3	4	5	DK
27. In your opinion, how good or poor were the topics covered in the course?	1	2	3	4	5	DK
28. In your opinion, how good or poor were the materials used, such as books and films?	1	2	3	4	5	DK
29. In your opinion, how good or poor was the organization and format of the program such as length, location, and time?	1	2	3	4	5	DK
30. What is your opinion of the overall program?	1	2	3	4	5	DK

31. What are some of the strengths of the program (things you particularly liked)?

_____

_____

_____

_____

_____

32. What are some of the weaknesses of the program (things you feel should be changed)?

_____

_____

_____

_____

_____